



COUNTY BOROUGH OF WIGAN.

Education Department.

ANNUAL REPORT

OF THE

Acting School Medical Officer,

FOR THE

Year ended 31st December, 1914.

WIGAN :

Strowger and Son, Printers, Clarence Press, Wallgate, Wigan,
1915.

COUNTY BOROUGH OF WIGAN.

EDUCATION DEPARTMENT.

COMMITTEE, 1914-1915 :

Alderman JAMES O'DONAHUE (*Chairman*).

Councillor ALBERT EDWARD BAUCHER (*Vice-Chairman*).

THE MAYOR (Alderman John Thomas Grimshaw).

Aldermen William H. Angus, Thomas Ashton, Matthew Benson, John Cheetham, Edward Dickinson, Alexander S. Hilton, John McQuaid, William Wilson ; Councillors Robert Alstead, Walter Atherton, William Bankhead, Henry Barton, John I'Anson Cartwright, James Cavey, Henry Farr, Richard T. Fletcher, William Glover, Richard Gore, Abraham Guest, Joseph Houghton, John R. Holland, John Mitchinson, Walter Watmough ; Messrs. Henry Ackerley, William Anderson, Miss Elizabeth Berry, Miss Elizabeth Bryham, Messrs. Henry Brierley, John Browne, Very Rev. Dean O'Donoghue, Messrs. Jos. Thos. Gee, Squire Haworth, Thomas Holland, John M. Lister, Rev. F. Sardeson.

SCHOOL ATTENDANCE AND MEDICAL INSPECTION SUB-COMMITTEE.

Very Rev. Dean O'DONOGHUE (*Chairman*).

T. HOLLAND (*Vice-Chairman*).

The Chairman of the Education Committee (J. O'Donahue), The Mayor (J. T. Grimshaw), Miss Bryham, W. Anderson, W. H. Angus, W. Atherton, W. Bankhead, M. Benson, J. Cavey, J. Cheetham, E. Dickinson, A. Guest, J. M. Lister, Rev. F. Sardeson, and W. Wilson,

MEDICAL INSPECTION DEPARTMENT.

SUPERINTENDENT SCHOOL MEDICAL OFFICER :

FRED E. WYNNE, B.A., M.B., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICER :

ALICE STALKER, M.B., Ch.B., (Vict.) D.P.H. (Cambs.)

SCHOOL NURSES :

SARAH BOTTOMLEY and FRANCES GEE.

CLERK :

WILFRID H. COGHLAN.

ACTING SCHOOL MEDICAL OFFICER'S REPORT.

March 31st, 1915.

To the Chairman and Members of the Wigan Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you the Report on the work of School Medical Inspection for the year 1914. Your Superintendent School Medical Officer having since November 12th last been on active military service, the work which usually fell to him in connection with the School Medical Service, has devolved upon me, as you have during Dr. Wynne's absence appointed me Acting School Medical Officer.

The most important features of the work of 1914 were the opening in August of a School Clinic for the treatment of minor ailments, the equipment of a cleansing station, the provision of suitable office accommodation for the staff engaged in the work of medical inspection, and increase of the staff by the appointment in May last of a second school nurse. That expansion of the work was justified is established by the improved results obtained in every branch of the work.

The ultimate aim of medical inspection is not the collection of academic statistics, but the improvement of the physical condition of each child, and therefore of the race. At the present time improvement of physique in the developing section of our race is one of unusual importance. The maintenance of our physical standards will be seriously jeopardized by the loss of life and physical defects caused by the war among that class of the community possessing the best potentialities for the perpetuation of a vigorous race. It therefore behoves us to use every available means towards the physical improvement of the rising generation so that the deficiencies created by the war may speedily be made good.

From a study of the figures in the present report, and that for the year 1913, it will be observed that there was considerable increase in the numbers seen at the inspection clinic and at school in connection with the examinations for general cleanliness, in pursuit of Section 122 of the Children Act. An increase in the number of visits paid to the homes of defective children was rendered possible after the appointment of a second nurse.

The clerical work of the Medical Inspection Department has suffered to some extent by vacancies and changes consequent upon enlistment.

It is my pleasing duty to thank the Chairman and Members of the Education Committee, and the Chairman and Members of the School Attendance and Medical Inspection Sub-Committee, for the time, attention, and helpful advice and support they have given to the work of medical inspection. I am indebted to the Borough Surveyor for sympathetic consideration of any suggestions I had to make in the clinic arrangements, and to the teachers and attendance officers for valuable co-operation.

I am,

Your obedient Servant,

ALICE STALKER,

Acting School Medical Officer.

STATISTICAL SUMMARY.

Total Number of Schools :	Provided	...	...	...	...	...	...	...	...	3
	Non-provided	...	...	...	...	...	...	...	...	24
										<hr/> 27 <hr/>
Accommodation	...	...	...	...	...	...	...	...	...	16,618
Number on Books	...	...	...	...	...	...	...	...	...	15,096
Average Attendance	...	...	...	...	...	...	...	...	...	13,733
Percentage of Attendance	...	...	...	...	...	...	...	...	...	90.9
Number of Half-timers	...	...	...	...	...	...	...	...	...	4
Total assessable value for Education Purposes	...	£344,684	5s.	od.						
Elementary Education Rate	...	...	...	...	...	...	...	...	1s.	1d.
Yield of 1d. rate (for Aid Grant Purposes)	...	...	£1,341	3s.	7d.					
Grants from Board of Education	...	...	...	...	£28,731	3s.	3d.			
Number of Children in Deaf and Dumb and Blind Schools	...									9
„	„	Institutes for Mentally Defective Children								1
„	„	Industrial and Training Schools	...	...						29

LIST OF THE PUBLIC ELEMENTARY SCHOOLS OF THE BOROUGH,
WITH THE NUMBER OF CHILDREN ON THE BOOKS, THE
AVERAGE ATTENDANCE AND ACCOMMODATION.

1913-14.

<i>School.</i>	<i>Accom- m'dation.</i>	<i>No. on Books.</i>	<i>Average Attend- ance.</i>	<i>Per- centage.</i>
<i>Senior Departments :—</i>				
St. Andrew's (Mixed).....	407	462	423	91·5
St. Catharine's (Boys').....	284	303	273	90·1
St. Catharine's (Girls')	301	308	285	92·5
Whelley Branch (Mixed) ...	284	303	284	93·7
St. Cuthbert's (Mixed)	200	230	203	88·3
St. George's (Mixed).....	534	559	511	91·4
Marylebone (Mixed)	98	90	77	85·5
Worsley Mesnes (Mixed)	190	169	155	91·7
St. John's C.E. (Mixed)	320	337	302	89·6
St. John's R.C. (Boys')	319	162	149	91·9
St. John's R.C. (Girls')	288	198	183	92·4
St. Joseph's (Boys')	342	337	312	92·5
St. Joseph's (Girls')	352	316	283	89·5
Kitt Green (Mixed)	156	163	151	92·6
St. Mark's (Boys')	322	292	274	93·8
St. Mark's (Girls')	300	316	290	91·7
St. Mary's (Boys')	295	197	177	89·8
St. Mary's (Girls')	295	184	162	88·0
St. Michael's (Mixed)	368	329	304	92·4
National and B.C. (Boys') .	337	290	265	91·4
National and B.C. (Girls') .	402	349	319	91·4
St. Patrick's (Sr. Boys')	287	300	280	93·3
St. Patrick's (Sr. Girls').....	337	353	317	89·8
St. Paul's (Boys')	274	244	230	94·2
St. Paul's (Girls')	188	168	144	85·7
Pemberton Colliery (Boys').	319	286	264	92·3
Pemberton Colliery (Girls').	332	262	240	91·6
Poolstock (Mixed)	235	242	227	93·7
Presbyterian (Mixed)	138	111	98	88·3
Sacred Heart (Mixed)	200	233	211	90·5
Caroline Street (Mixed)	443	442	404	91·4
Clayton Street (Mixed)	439	419	390	93·1
Scot Lane Council (Mixed)...	350	275	261	94·9
Warrington Lane C'l. (Mixed)	463	438	415	94·7
Wesleyan (Mixed)	433	391	365	93·3
Woodford Street C. (Girls').	198	67	62	91·0
Totals in Senior Depts. ...	11,030	10,125	9,290	91·7

<i>School.</i>	<i>Accom- m'dation.</i>	<i>No. on Books.</i>	<i>Average Attend- ance.</i>	<i>Per- centage.</i>
<i>Infants' Departments :—</i>				
St. Andrew's (Infants')	215	257	234	91.0
St. Catharine's (Infants')....	220	243	217	89.3
Whelley Branch (Infants') .	158	167	154	92.2
St. Cuthbert's (Infants')	165	185	161	87.0
St. George's (Infants')	470	370	331	88.0
Worsley Mesnes (Infants')...	246	151	140	92.7
St. John's C.E. (Infants')...	260	229	206	89.9
St. John's R.C. (Infants') ...	288	134	122	91.0
St. Joseph's (Infants')	241	242	218	90.1
St. Mark's (Infants')	222	222	190	85.6
St. Mary's (Infants')	220	158	140	88.6
St. Michael's (Infants')	225	134	117	87.3
National and B.C. (Infants')	344	303	264	87.1
St. Patrick's (Jr. Boys')	293	312	278	89.1
St. Patrick's (Jr. Girls').....	376	286	254	88.8
St. Paul's (Infants')	203	220	192	91.8
Pemberton Coll'y (Infants')	264	208	188	90.4
Poolstock (Infants')	156	167	156	93.4
Presbyterian (Infants')	85	94	84	89.3
Caroline Street (Infants')...	191	189	169	89.4
Clayton Street (Infants') ...	168	182	167	91.2
Scot Lane Council (Infants')	300	245	221	90.2
Warrington Lane Council (Infants')	130	135	125	92.5
Wesleyan (Infants')	143	132	115	87.1
Total in Infants' Depts....	5,583	4,971	4,443	89.4
Total in Senior Depts. ...	11,030	10,125	9,290	91.7
Grand Total	16,613	15,096	13,733	90.9

THE SANITARY CONDITION OF THE SCHOOLS.

This subject has been fully dealt with in previous reports by the School Medical Officers, and was the subject of an exhaustive report by one of H.M. Inspectors two years ago. It is, however, one of great importance, besides being one of the specific matters on which a School Medical Officer is required to report upon, and therefore must at least be briefly commented on. During the year certain improvements have been effected in the heating, lighting, ventilation and washing and cloak-room accommodation; the most notable of these being at St. Mark's School and the Wesleyan School. At the former school, additional cloak-room space adequately heated

by hot-water pipes, well ventilated and provided with washing accommodation, has been added to the school. In the older parts of the school, defective windows have been replaced by efficient windows, which open freely and materially improve the lighting and ventilation. At the Wesleyan School, a class-room has been converted into a cloak-room and fitted up with washing accommodation and additional heating apparatus.

There is, however, still considerable room for improvement in this direction at certain of the older schools. At some of these the cloak-rooms are too small for the number of scholars in attendance and are unheated, and therefore afford no means of drying the children's outdoor clothing in wet weather. They are also devoid of the washing accommodation which is often so sorely needed by the children. Towels are conspicuous either by their absence, or by the condition which they inevitably attain by not being changed with sufficient frequency. Among the duties of school caretakers is that of "putting up clean towels in the lavatories on Monday mornings and Wednesday afternoons, and oftener if required"; but in some cases this has been ignored, even after having the omission pointed out by the head-teacher or School Medical Officer. The state of the towels is therefore often such as to make their complete absence more of a desirability than their presence.

The lack of washing conveniences at a few of the schools is so acute that it has thrown the staff into a state of panic to be asked for such by the Medical Officer after the examination of a case which made the cleansing of the hands an absolute necessity, the Medical Officer having had to journey from one department to another before achieving the desired object. It is hardly to be expected that children will reap much benefit from the lessons on cleanliness which are delivered to them, when they are unable to put them into practice at school where the provisions for washing should serve as an example of what such accommodation should be. I make special mention of this defect for it is one, part of which at any rate, can be easily remedied without much trouble or expense to anyone concerned.

The lighting and ventilation in some cases is still unsatisfactory, but as already mentioned an improvement has been effected at a number of the schools.

During the cold winter weather the heating has been found insufficient in a number of class-rooms at various schools, this being corroborated by temperature charts; if possible the defect should be remedied before the advent of next winter.

The cleaning of the schools is a matter which, in some cases, could bear improvement. The regulations as to duties of caretakers in this respect are not carried out, and it is no uncommon thing to find accumulations of dust left undisturbed in prominent places for days together. Floors, which "should be scrubbed at least every eight weeks," and oftener in the case of schools with unpaved playgrounds, bear evidence of much less frequent application of the scrubbing brush.

The sanitary conveniences remain much as they were last year, when they were fully commented upon. It will not be out of place here to suggest that to the duties of caretakers might be added that of placing paper to serve as toilet paper in the lavatories. It has been brought to one's notice on two or three occasions during the past year that the omission to make such a provision might be remedied, and could be effected without expense, for old newspapers would serve very well for the purpose.

There has been little alteration to playgrounds during the past year. Those which are unpaved continue to be a source of uncleanness of school premises, and are undesirable from a hygienic point of view. It is hoped to effect some improvement during the coming year at at least two of the schools.

ARRANGEMENTS FOR MEDICAL INSPECTION AND FOR " FOLLOWING UP."

The arrangements for Medical Inspection are as follows:—

The head teachers are given several days' notice of the intended visit of the Medical Inspector, in order to enable them to make all the arrangements necessary for the visit. The teacher is given full verbal instructions by a clerk as to the number and group of children to be inspected, and as to what preparations to make. The teachers fill in the cards which give notice to the parents of the proposed inspection and invite them to be present. They give these to the children to take to the parents and collect them when brought back with replies to certain questions relating to their previous health, filled in by the parents.

The teachers also fill in certain particulars, such as name, age, address of child, etc., on the Schedules of Medical Inspection.

At a number of the schools a class-room is set aside and prepared for the Medical Inspector's use, but in some schools there still appears to be difficulty in providing a separate room for this purpose, and the work of medical inspection has to be carried on either in a screened-off portion of a large room, in which several classes are being taught simultaneously, or in a cloak-room, through which there is a constant stream of children, teachers, and others, on their way in and out of school. The lack of quiet in both cases seriously interferes with the efficiency of the medical inspection, making it an impossibility under such conditions to carry out tests for hearing or to auscultate the heart and lungs. When a cloak-room is used, there is added to the lack of quiet, discomfort to both inspector and children who are being examined, for cloak-rooms are rarely adequately heated for such a purpose as the examination of children when stripped, and the draughts caused by the constant opening and closing of outer doors does not in any way conduce to the children's well-being.

I alluded to this subject in last year's report, as also to the lack of quiet caused by children out at play and drill, by changing of rooms, and singing lessons, etc. ; it has however such an important bearing on the accuracy of diagnosis in many cases, that I feel attention should again be called to it.

It is inevitable that in some cases class arrangements must be interfered with when a separate room is allotted to the Medical Inspector, but the disturbance is only of quite a temporary nature, and is well repaid by the more efficient examination of the children that can thus be carried out. The work of medical inspection has not caused any real interference with the schoolwork during the past year. The only interruption to teaching which has occurred has been the cessation of work in one class for a brief period during "general cleanliness" inspections. The inspections have been carried out in every case on school premises, with the exception of a few children who missed examination at school for various reasons and came to the Medical Inspector's office for inspection previous to leaving school.

The children are divested of as much clothing as will fully expose the front and back of the chest and the spine, the dressing and undressing being done by the School Nurse, who is often assisted, in the case of younger children, by two of the older girls, whom the head teachers very kindly allow to give this most useful assistance. The weighing and measuring of each child is carried out at the time of medical inspection by the School Nurse, under the supervision of the Medical Inspector.

During the year a second weighing machine was provided for use at the schools, and was found extremely useful. A third machine is in use at the School Clinic, where all children who are deemed to require it are weighed at regular and frequent intervals.

All the work of the actual medical inspection is carried out by the Assistant Medical Officer, who enters up all the facts disclosed at inspection on the schedules provided for this purpose. These schedules have spaces upon them for certain entries relating to school attendance, etc., which are made by the head teachers, and at the end of each child's school career these schedules, completely filled in, are forwarded to the Juvenile Employment Exchange, in order to furnish to the authorities there certain particulars which are necessary to them.

As already stated, the parents of each child are invited to be present at the inspection. Of the 3,890 routine cases inspected the parents of 1,221 (or 31%) children attended the inspection. The parents of entrants attended much more frequently than did those of the leavers, and more frequently in the case of girls than in that of the boys, both among entrants and leavers.

Of 1,044 boy entrants inspected there were present the parents of		427, or 40 %
Of 1,072 girl entrants	„	459, or 42 %
Of 881 boy leavers	„	121, or 13 %
Of 893 girl leavers	„	214, or 23 %

The attendance of parents should be encouraged on the grounds that verbal advice carries much more weight than the sending of a printed form advising the remedying of defects, which is occasionally looked upon as a mere circular whose ultimate destination is the fire.

“*Following Up.*”—After inspection, parents of children found to be defective are notified of the nature of the defects if these are of such a nature as to require remedial measures, and are advised to have such defects remedied. The head teachers are also given information as to which children are defective and as to the nature of the defects, and are given instructions regarding the children, when necessary. Thus, for children whose vision or hearing is defective, directions are given for placing them in the front row of the class. When necessary, children with cardiac disease are exempted from drill, and for certain other children extra drill is strongly urged. Teachers by their persuasive powers are often able to influence the parents with whom they come into frequent personal contact and with whom they are well acquainted, to obtain the necessary treatment for their children.

Every case, concerning which a notification of defect has been issued, is followed up by the School Nurses. Visits are paid to the homes of all such cases, and parents are counselled to seek professional services if they have not already done so, and in such a case a second visit is paid by the Nurses in order to ascertain whether the advice given on the occasion of her first visit has been acted upon.

Verminous cases, detected in the course of routine medical inspection, are followed up and re-examined by the Nurses as often as necessary in school, after the parents have received full instructions for the remedying of the condition.

To complete this scheme of following up, all cases found at the medical inspection to be defective (excepting those who have in the meantime left school) are re-inspected at school by the Medical Inspector.

No refusals from parents to allow their children to be medically inspected have been received during the year. On the other hand, requests to have children, other than “routine cases,” examined were frequent, and on the whole verbal instructions and advice were gratefully accepted.

GENERAL STATEMENT OF THE EXTENT AND SCOPE OF THE MEDICAL
INSPECTION CARRIED OUT DURING THE YEAR 1914.

(i) *The number of Visits paid to Schools and Departments.*—The total number of visits paid to the school by the Medical Officers was 230, the number of visits for the purpose of Routine Medical Inspection being 190, that for other purposes being 40.

<i>School.</i>							<i>Visits for Routine Inspections.</i>		<i>Visits for Special Purposes.</i>
St. Andrew's	...	...	...	...	...	...	4	...	—
St. Catharine's	...	...	...	...	...	...	12	...	3
Do. (Whelley Branch)	...	...	...	...	...	...	9	...	2
St. Cuthbert's	...	...	...	...	...	...	6	...	—
St. George's	...	...	...	...	...	...	8	...	7
Do. (Marylebone)	...	...	...	...	...	...	2	...	1
St. James's (Worsley Mesnes)	...	...	...	...	...	...	4	...	—
St. John's C.E....	...	...	...	...	...	...	6	...	1
St. John's R.C.	...	...	...	...	...	...	5	...	1
St. Joseph's	...	...	...	...	...	...	11	...	3
Kitt Green	...	...	...	...	...	...	2	...	—
St. Mark's	...	...	...	...	...	...	7	...	—
St. Mary's	...	...	...	...	...	...	4	...	—
St. Michael's	...	...	...	...	...	...	5	...	—
National and Blue Coat	...	...	...	...	...	...	14	...	2
St. Patrick's	...	...	...	...	...	...	25	...	2
St. Paul's	...	...	...	...	...	...	13	...	3
Pemberton Colliery	...	...	...	...	...	...	10	...	9
Poolstock	...	...	...	...	...	...	4	...	2
Presbyterian	...	...	...	...	...	...	4	...	1
Sacred Heart	...	...	...	...	...	...	3	...	—
St. Thomas's (Caroline Street)	...	...	...	...	...	...	5	...	2
St. Thomas's (Clayton Street)	...	...	...	...	...	...	8	...	—
Scot Lane Council	...	...	...	...	...	...	7	...	—
Warrington Lane Council	...	...	...	...	...	...	5	...	—
Wesleyan	...	...	...	...	...	...	7	...	1
Total							190	...	40

The number of visits paid to departments was :—

							<i>Routine Inspections.</i>		<i>Special Purposes.</i>
(a) Mixed Departments	...	...	...	...	...	...	44	...	11
(b) Boys'	..	...	...	...	...	...	19	...	10
(c) Girls'	..	...	...	...	...	...	26	...	8
(d) Infants'	..	...	...	...	...	...	101	...	11
Totals							190	...	40

The visits paid to schools for special purposes were in connection with infectious disease, cleanliness, special cases, and a variety of other matters.

Selection of Cases for Inspection.—During the year 1914, four groups of cases have been medically inspected, two of these consisting of ordinary routine medical inspection cases, the third being composed of special cases, and the fourth being “Re-examinations.”

The routine cases were as follows:—

(a) *Entrants.*—Every child admitted to school during the year was medically examined (unless absent at the time given for examination).

(b) *Leavers.*—Children who during the year reached the age of 12 years, and who had not been medically inspected since attaining that age.

(c) The third group examined was composed of special cases, *i.e.*, children other than routine cases presented by the teachers for examination, or examined by request of their parents.

(d) *Re-examinations.*—Children who were found defective at previous inspections.

(iii) *The number of Children Inspected.*—The number of children inspected during the year 1914 was 4,298; of these 3,890 were routine cases and 408 were special cases.

Of the routine cases 1,925 were boys and 1,965 girls.

Of the special cases 169 were boys and 239 girls.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1914, TO 31ST DECEMBER, 1914.

A.—“CODE” GROUPS.

Age.	Entrants.				
	5	6	7	Other Ages.	Total.
Boys	731	259	44	10	1044
Girls	735	264	53	20	1072
	1466	523	97	30	2116

<i>Age.</i>	<i>Leavers.</i>					<i>Grand Total.</i>
	12	13	14	<i>Other Ages.</i>	<i>Total.</i>	
Boys ...	740	130	3	8	881	1925
Girls ...	796	94	1	2	893	1965
	1536	224	4	10	1774	3890

B.—GROUPS OTHER THAN CODE.

	<i>Special Cases.</i>	<i>Re-examinations.</i>
Boys ...	169	485
Girls ...	239	570
Totals ...	408	1055

It will be observed that there is some disparity between the number of entrants and leavers inspected. This is to some extent accounted for by the fact that in the leavers' group practically only children of 12 and 13 years of age were examined, whereas among the entrants there had to be included children of 5, 6, 7, and even 8 and 9 years of age who had been newly admitted to schools without ever having been medically inspected. A small leakage in the leaver group was unavoidable in the early part of the year, owing to the fact that total exemption from school attendance is obtainable at 13 years of age, and that some children may have attained their thirteenth birthday before medical inspection could be arranged at the school at which they were in attendance.

To a certain extent arrangements were in force whereby this specific form of leakage was avoided. Teachers had instructions to keep in view the possibility of children leaving school without being medically inspected as leavers, and were asked to send such children to the School Medical Officer's department for examination if no inspection could be arranged at the school previous to their departure.

(iv) *Children referred for subsequent or further Examination.*—At the routine inspection certain children who are found or suspected to be defective are referred for a more detailed examination at the School Clinic. The chief defects necessitating this are diseases of the lungs and heart, it being frequently impossible to make any diagnosis in such cases at the time of routine medical inspection owing to the lack of quiet in the schools. Certain cases of diseases of the nervous system, deformities, and eye defects, are also thus submitted to re-examination. These children, if necessary, are periodically re-examined, every case exhibiting symptoms which are suspicious of pulmonary tuberculosis being re-examined at intervals of three months, or oftener if necessary.

CO-ORDINATION OF THE SCHOOL MEDICAL SERVICE WITH OTHER DEPARTMENTS.

There is intimate and harmonious co-operation between the School Medical Service and other activities from which the work of a fruitful scheme of medical inspection is inseparable.

These various activities with which the work of the School Medical Officer is co-ordinated, are as follows :—

- (i) The Public Health Service.
- (ii) The Tuberculosis Dispensary.
- (iii) The School Attendance Department.
- (iv) The Juvenile Employment Exchange.
- (v) The Factory Surgeon's Certification.
- (vi) The National Society for the Prevention of Cruelty to Children.

(i) The School Medical Officer in normal times is also Medical Officer of Health, this being perhaps the most satisfactory way of co-ordinating the School Medical and Public Health Services. In his temporary absence, the Acting School Medical Officer and Acting Medical Officer of Health co-operate and consult together in all matters affecting both departments, such as infectious disease, closure of schools, and sanitation of schools. A list of all cases of infectious disease notified by the head teachers to the School Medical Officer is supplied daily to the Health Department, whose health visitors thereupon visit the homes of these children, giving necessary advice and instructions to the parents. Sanitary defects in schools and homes are notified by the School Medical Officer and school nurses direct to the Chief Sanitary Inspector, and the attention of the health visitors is directed to children under school age who are found to be in need of their services. The Sanitary Department undertakes the disinfection of school premises. Exclusion of children from school on account of notifiable infectious disease is effected by the Public Health Department, whose inspectors issue the necessary exclusion notices to parents and teachers.

(ii) The Tuberculosis Dispensary.—The Assistant School Medical Officer is also Assistant Tuberculosis Officer, an extremely useful arrangement in the co-ordination of these two services. Among her duties in the Tuberculosis Department is the examination of all contacts of school age, a proceeding which materially aids the detection of tuberculosis among school children. All cases of tuberculosis detected in the course of medical inspection, after being duly notified (Form B, Public Health Tuberculosis Regulations, 1912) are examined by the Tuberculosis Officer, together with any doubtful cases seen by the Medical Inspector. Children are also admitted to the Tuberculosis Sanatorium upon the Medical Inspector's recommendation, and the benefits bestowed upon suitable cases by the Tuberculosis After-care Committee are frequently obtained for school children through the medium of the Tuberculosis Department.

(iii) The School Attendance Officers consult the Medical Officer upon all questions relating to school attendance as affected by the health of the children. They send all cases who plead ill-health as a cause for non-attendance and who cannot produce definite proof of illness (such as a medical practitioner's certificate) for examination by the Medical Officer, and act upon her decision. They also urge parents who require advice regarding their children's health to consult the Medical Officer. They visit the homes of children whom the Medical Officer wishes to examine, and arrange for their attendance at the Clinic, and make investigations concerning defective children who are not in attendance at the public elementary schools.

(iv) The Juvenile Employment Exchange Officer obtains, or is given, advice *re* fitness or otherwise for certain forms of employment in order to guide him in the procuring of suitable situations for children who are leaving school. The Medical Officer also supplies certain particulars for the record cards in use at the Exchange.

(v) The Certifying Factory Surgeon has kindly assisted in bringing pressure to bear upon the parents to adopt remedial measures for defects discovered in certain cases. Such children are notified to him when they are about to leave school for employment at a factory, and he is informed of the circumstances of the case. When the child has subsequently been presented to him for certification he has refused to do this until the defect was remedied, if in his opinion this was necessary. It has been my experience on more than a few occasions to find that the information that the child would not be passed for employment by the Factory Surgeon, in its untreated condition, has been more effective than numerous visits from the nurse and messages from the Medical Officer advising remedying of the defect, in obtaining the necessary treatment.

(vi) The National Society for the Prevention of Cruelty to Children has on several occasions taken up cases notified by the School Medical Officer as requiring the Society's attention.

THE SCHOOL CLINIC.

The most important feature of the year's work has been the opening of a School Clinic for the treatment and inspection of children attending the public elementary schools of the Borough.

A dwelling-house situated in Rodney Street, a central part of the town, has been leased by the Education Authority, and here offices for the Assistant Medical Officer and School Nurses, waiting and treatment rooms, and a cleansing station have been equipped. The resulting improvement in the conditions under which the work of medical inspection can now be conducted has been made evident by the increased efficiency of the work. Not only for purposes of treatment, but for purposes of examining children, interviewing parents, and the carrying out of clerical work was increased accommodation for the medical inspection staff a necessity.

The cleansing station is fitted up in a room which was formerly a back kitchen of the house, and which has a concrete floor and a separate entrance at the back of the house. It contains a bath and steam disinfecter, and is heated by means of a gas stove.

The Clinic is open for treatment purposes every school day, from 9 a.m. until 12 noon; and an inspection clinic is held by the Medical Officer every school day, from 9 until 10 a.m., and on Wednesday afternoons, from 2 to 4.

Here the Assistant School Medical Officer examines children who are sent by teachers or attendance officers for medical advice, and also children brought by their parents for the same purpose. All children who are not deemed to be fit to attend school are personally excluded by the Assistant Medical Officer, who also re-admits the children to school when fit. Exclusion and re-admission certificates are issued to the parents of such children; copies being furnished to the head teachers and attendance officers, and one being retained and filed for office use.

Up to the latter part of July, and until the School Clinic buildings were ready for use, this inspection clinic was held in the very limited accommodation available for the Assistant Medical Officer's use, and therefore the number of children seen had of necessity to be limited. Since the opening of the School Clinic premises, the numbers have increased to such an extent as to afford excellent justification for the provision of this improved accommodation, and as to prove the extreme utility of the inspection clinic.

The keeping open during holiday time of treatment and inspection clinics has been tried, but has met with little success. It has been found impossible to get the parents to send their children

when the obligation to get them up and have them ready for school by 9 a.m. is removed. I have on occasion even sent to the homes for certain children whose treatment was not completed upon the closing of schools for holidays only to have a message sent in return to the effect that it was impossible for the child to attend as it was not yet out of bed.

During the year 1,710 consultations were held at the inspection clinic. Treatment is given for minor ailments, *i.e.*, eye inflammations and ulceration, otorrhœa, ringworm of the scalp and body, and other skin diseases. Children are sent by the teachers, parents, school nurses and school attendance officers, and the Medical Inspector, and not infrequently children come for treatment of their own accord.

Treatment was given on 1,763 occasions during the year, the greater proportion of them during the latter three months of the year when the new clinic premises were available. This attendance alone is a proof of the need for a clinic in the Borough. Owing to the treatment received at the clinic for defects which would either have remained untreated or received other inadequate treatment, and which would thus have prevented children from attending school, a large amount of absence from school must have been prevented with a resulting saving of loss of grant.

The great advantage of treatment being given at a school clinic for the above-named ailments is derived from the daily treatment at the hands of nurses who are skilled and experienced in this work. For many of the cases treated it is absolutely imperative to have uninterrupted treatment and to rely upon the parents to carry this out at home as private medical practitioners and busy out-patient departments of hospitals of necessity must do, is more or less futile. Not only do the parents neglect to carry out, or are they unskilled in giving prescribed treatment, but the children will not submit themselves to treatment at the hands of parents in the same way that they will submit to the attentions of a nurse. All treatment is under the direct supervision of the Assistant School Medical Officer who prescribes the treatment of every case, and as already mentioned, personally excludes and re-admits every child from and to school, and sees the child as frequently as is necessary during the course of treatment.

Treatment is given to all children whose parents are not in a position financially (or for other reasons) to obtain treatment from other sources. A full enquiry is made into the circumstances of every case before affording the facility of treatment at the school clinic.

A.—CLASSIFICATION OF CONSULTATIONS AND TREATMENT AT
SCHOOL CLINIC, 1914.

	<i>Inspection Clinic.</i>	<i>Treatment Clinic.</i>	<i>Total.</i>
Enlarged Tonsils, Adenoids, and Enlarged Glands	52	...	52
Ear Disease and Deafness	14	148	162
Defective Vision and Squint	27	...	27
External Eye Disease and Inflamed Eyes	96	897	993
Ringworm of Scalp and Body	537	387	924
Other Skin Diseases	384	212	596
Lung Diseases	96	...	96
Heart Disease and Anæmia	83	...	83
Verminous Conditions	118	...	118
Other Diseases and Defects	303	119	422
Total	<u>1,710</u>	<u>1,763</u>	<u>3,473</u>

Of the 3,473 consultations, 1,444 were held previous to August when the New School Clinic premises were opened ; and treatment was given on 92 occasions, mainly to a few cases of ringworm, who otherwise would have been unable to obtain it.

B.—CLASSIFICATION OF CASES AT INSPECTION AND TREATMENT
CLINIC, 1914.

Enlarged Tonsils, Adenoids, and Enlarged Glands...	29
Ear Disease and Deafness	18
Defective Vision and Squint	18
External Eye Disease and Inflamed Eyes...	184
Ringworm of Scalp and Body	177
Other Skin Diseases	227
Lung Diseases	55
Heart Disease and Anæmia	50
Verminous Conditions	37
Other Diseases and Defects	134
Total	<u>929</u>

This gives an average of 2.6 attendances per case,

184 of these children were examined at the request of the school attendance officers.

The Inspection Clinic.

It will be seen from Table A. that the largest number of consultations held at the inspection clinic were in regard to cases of ringworm and other skin diseases. The frequency of attendance of individual cases of ringworm accounts for the large number of

consultations ; parents being extremely anxious for children who are excluded from school on the grounds that they are suffering from ringworm to resume attendance. The child's bodily health and spirits are good, and the majority of the cases occur at an age when the child is of little use in rendering assistance at home, and therefore gets into mischief, and being no longer under school discipline often becomes quite unmanageable by the parents. This, without consideration of loss of grant due to absence from school, and loss of education to the child, would serve as sufficient reason for the provision of a special school for children suffering from ringworm. Teachers are unanimous in their opinion that it is exceedingly difficult to teach children when they return to school after a period of exclusion and " running wild " on account of this disease. It is, therefore, quite a common occurrence for a mother to bring a child for one's inspection week after week, even after being told of the uselessness of this procedure, in the hope that it may be re-admitted to school.

The greater part of the " other skin diseases " who attended the consultation clinic were cases of impetigo. This complaint, together with ophthalmia, forms by far the largest proportion of the diseases affecting the children attending the clinic. Both these diseases are without doubt the result of dirt and neglect, and appear to be epidemic in Wigan. The part of the school towel, which is not changed with sufficient frequency, in the spread of this disease is only too well known, and may have some influence upon the large number of cases in the district. The less severe cases of impetigo were given directions for home treatment, which required little or no skill in its performance, and had to attend at frequent intervals for the Medical Officer's observation ; and on account of the continuous supervision it was found a successful method of dealing with this affection.

Verminous conditions accounted for a considerable number of consultations, these being mainly children sent by teachers who found them to be in school in such a condition as to render desirable the speedy remedying thereof.

The cases of lung disease were to a large extent cases of pulmonary tuberculosis, or cases presenting symptoms which made the possible presence of this disease suspicious. All such cases attended for periodic re-examination, and a full description of the procedure adopted, will be found elsewhere in this report.

The Treatment Clinic.—Eight hundred and ninety-seven, or 56% of the cases treated were cases of eye inflammation, and with the exception of a small number of children with corneal ulceration and a certain number of cases of chronic blepharitis, they were practically all cases of ophthalmia. These varied in character from a simple acute inflammation of the conjunctiva to the form in which there is a large exudation of pus with marked photophobia, or to the form which becomes more or less chronic with granulations on the lids. Ophthalmia, of all diseases, I consider is the one which derives the greatest benefit from treatment at a school clinic, for it is only at

such an institution that the constant, unremitting and skilled treatment which is absolutely imperative for the cure of the condition can be obtained. The disheartening part in connection with the treatment of ophthalmia, however, lies in the fact that when a case is discharged as apparently cured, it is no uncommon event for the child to return at the end of 10 or 14 days in a condition just as bad or even worse than when treatment was originally commenced. These recurrences are invariably due to the filth which gets access to the child's eyes, and neglect to the extent that even the child's face remains unwashed all day, or even longer, after instructing the parents to ensure the continual cleanliness of the eyes, person, and surroundings of the child.

Ringworm was next most frequently treated. A variety of medicaments were tried, but met with the usual partial success of such treatment. It seems that the only solution of the problem of a speedy cure for this disease is the accessibility of x-ray treatment, which is only possible to a few cases at the local infirmary.

A complete record is kept of every child who attends at the School Clinic, either for examination or treatment, by means of the card system. On these cards are entered up all details concerning the child, the treatment adopted, and the progress of the case.

A daily attendance register is kept, and written consent to treatment from the parents or guardians of every child is obtained.

If a child discontinues attendance before treatment is complete, or in the case of a child who is being kept under observation by the Medical Officer, before permission has been given to cease attendance, a note is sent to the parents asking them to attend at a certain time. If such a note is disregarded, the school nurses or attendance officers visit the case in order to institute enquiries as to the non-attendance of the child at the clinic.

A register is kept by the school attendance officers of all cases excluded from school on medical grounds, so that action can be taken upon the expiration of the period of exclusion. As already stated, the school attendance officers are furnished with a copy of the certificate issued in respect of every child excluded from school by the Medical Officer, and a copy of that issued before any such case can be re-admitted.

TREATMENT OF DEFECTS.

The sources from which treatment of the defects revealed at medical inspection are obtained, are:—

- (i) Private Practitioners.
- (ii) The Royal Albert Edward Infirmary, Wigan, and other hospitals.
- (iii) The School Clinic.
- (iv) The Tuberculosis Sanatorium.
- (v) Home Treatment—(a) By the parents.
(b) By the school nurses.
- (vi) Opticians.

The parents of all children found to be suffering from any defect are advised in the first place to consult their own medical attendant; and this is done in a fair number of instances. Others, however, of their own accord avail themselves of the treatment obtainable at the local infirmary and a certain number whose circumstances make it impossible to consult a private practitioner are advised to attend at the infirmary. The bulk of school children who apply for treatment at this institution are those suffering from defective vision, enlarged tonsils and adenoids, and it is to the treatment received in the ophthalmic and nose and throat departments of this hospital that a large number of the favourable results recorded are due.

A certain number have been operated upon, or have had spectacles prescribed by their private medical attendants, or by opticians.

The number of such cases, however, as have remained untreated at the end of the year in spite of continual pressure brought to bear upon the parents on the part of the Medical Officer, school nurses, and teacher make one realise that the sources of treatment available, in certain instances, are inadequate. Of the 420 cases of throat and nose disease (which were practically all cases of enlarged tonsils and post-nasal adenoids) who required treatment, 214, or 50·9%, obtained treatment. Of these, however, only 80, or 19%, underwent operation; the remaining 134 included a large number of children who had sought treatment at the Infirmary, and who at the end of the year were still awaiting admission to that institution, whose accommodation is always taxed to the utmost. Of the 487 cases of defective vision, 218, or 44·7%, sought and obtained treatment. Of these, 106, or 21·7%, procured the necessary glasses, whereas 101 of the remaining 112 who had sought treatment and had obtained prescriptions for spectacles were still without glasses at the end of the year. These figures not only denote that there is great need for a scheme whereby spectacles can be supplied to the children (such a scheme being under consideration at the time of writing), but also for the necessity of providing facilities for ophthalmic treatment by the Authority. Similarly, the question of the provision of operative treatment of enlarged tonsils and adenoids might well be considered in view of the large numbers who have sought it without avail.

Defective teeth is the physical defect which next most frequently was found to require treatment; 75 out of 174 cases, or 43·1%, having obtained treatment either from dentists in private practice, from the Infirmary, or from their parents. Of these 75, only 5 had their teeth rendered perfectly sound; the condition of 49 of the remainder was found to have improved, whereas that of the remaining 14 was unchanged. In view of the fact that experience had taught one the futility of advising treatment in cases where decay affected only a few teeth, and thus confining one's advice to obtain dental treatment to the cases urgently in need of it, a percentage of 51·7 of untreated cases is alone a proof of adequate means

of treatment being unavailable. It is a matter of extreme difficulty to persuade the working-class population of this Borough that dental decay is a defect which requires remedying (as evidenced by the almost universal bad teeth of this class), and the fees of a private dental practitioner form a yet further obstacle to any progress being made in the direction of obtaining satisfactory results in the treatment of dental defects. The difficulty would to a large extent be obviated by the provision of a dental clinic where treatment could be obtained at either a nominal fee, or free of charge, according to the circumstances of each case. Not only in the resulting improvement in the teeth of the children, but also in their general health, which must of necessity become impaired by the presence of decaying teeth in the mouth, would the Authority be amply repaid by the provision of such treatment.

The School Clinic has become an important source of treatment of a number of the defects found during routine medical inspection. All the cases of minor skin diseases, ringworm, inflamed or ulcerated eyes and running ears thus found during the latter part of the year who could not obtain treatment from their own medical attendants were referred to the clinic. This, combined with the home treatment of the less severe cases, which can be successfully carried out under the supervision of the Medical Officer and with assistance from the nurses, gave a fair percentage (56·2) of cures among the 48 cases for which treatment was deemed necessary.

Home treatment was further sometimes successful in curing simple eye inflammations and was the only method available for the remedying of verminous conditions.

The Borough Tuberculosis Sanatorium was found of the utmost value for the reception of cases of pulmonary tuberculosis among the children. The School Medical Inspector being also on the staff of the Tuberculosis Department, is in close contact with the work of this institution, and being especially concerned with patients of school age is enabled to recommend children who are suitable cases for treatment at the Sanatorium. Four beds are reserved for children, and this number can be increased to six if necessary.

GENERAL REVIEW OF THE FACTS REVEALED BY MEDICAL INSPECTION.

Clothing.—This was on the whole found to be fairly satisfactory, slightly more so among leavers than among entrants, who are not able to look after themselves quite so well in this respect as the older children. As a rule when the clothing was found to be defective, it was badly so, and a number of cases in which one under-garment and a thin dress or suit formed the only apparel, were found. Through the kind offices of two or three ladies I received a small supply of clothing, which I distributed to the worst cases. On the other hand quite a number of children wore so much clothing as to suffer both in health and comfort. Pins, still to a large extent, are looked upon

as the only means of fastening the children's clothing, and one is at a loss to understand why no more injuries result from this dangerous practice. Teachers might do more to discourage it in the course of sewing lessons, for although the children are taught how to mend clothes they practically never apply the teaching to their own apparel.

Footgear.—Owing to the fact that clogs are the universal footgear of the Wigan schoolchild, not many defects in footgear were recorded. Clogs are a most excellent form of footgear, satisfactory from every point, except that of silence, which is, however, but a trivial one in comparison with the good points. St. George's, St. Joseph's, St. Mark's, St. Patrick's and the National School had the most cases of defective footgear. Stockings were not as good as the clogs, and it was no infrequent experience to find a child wearing hose with practically no feet. If home-manufactured hose instead of the cheap ready-made variety, which is universally adopted, were worn holes in stockings would occur much less frequently and would be easier to mend

Height and Weight.—In connection with the height and weight tables the average height and weights at several of the age groups may be somewhat misleading owing to the small number of children examined at these ages, and it must therefore be borne in mind that the largest numbers of children were examined at the ages of 5, 6, 12 and 13.

AVERAGE HEIGHT.

	5 years.	6 years.	7 years.	8 years.	9 years.	10 years.	11 years.	12 years.	13 years.	14 years.
Boys (inches)	39·9	40·9	44·4	40·5	46·0	48·0	52·7	53·2	54·4	54·6
Girls (inches)	41·7	44·0	42·8	44·6	46·0	...	52·0	53·7	55·0	55·0

AVERAGE WEIGHT.

	5 years.	6 years.	7 years.	8 years.	9 years.	10 years.	11 years.	12 years.	13 years.	14 years.
Boys (lbs.)	38·5	42·2	45·7	51·7	50·0	53·0	59·8	62·0	69·8	74·0
Girls (lbs.)	36·9	41·2	45·4	47·8	48·0	...	67·0	70·2	80·1	77·0

The height is taken with the children's boots or clogs off, and the weight with all their clothing on excepting footgear.

The following tables will serve to compare the heights and weights of Wigan children at the ages at which children have been principally examined, with the standards of the Anthropometric Committee :—

HEIGHT.

Age.	Boys.		Girls.	
	<i>Anthropo- metric Standard.</i>	<i>Wigan.</i>	<i>Anthropo- metric Standard.</i>	<i>Wigan.</i>
	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>	<i>Inches.</i>
5	41·03	39·9	40·55	41·7
6	44·00	40·9	42·88	44·0
12	54·99	53·2	55·66	53·7
13	56·91	54·4	57·77	55·0

WEIGHT.

Age.	Boys.		Girls.	
	<i>Anthropo- metric Standard.</i>	<i>Wigan.</i>	<i>Anthropo- metric Standard.</i>	<i>Wigan.</i>
	<i>Lbs.</i>	<i>Lbs.</i>	<i>Lbs.</i>	<i>Lbs.</i>
5	40·74	38·5	39·2	36·9
6	42·52	42·2	41·7	41·2
12	70·48	62·0	76·4	70·2
13	76·00	69·8	87·2	80·1

From these tables it will be seen that at all ages the average height of the Wigan schoolboy is below the standard of the Anthropometrical Society, as are also girls at the age of 12 and 13, but the average height of girls aged 5 and 6 is above the average for England and Wales.

In weight the Wigan schoolchild is below the Anthropometrical standard at all the ages for which it is possible to make comparisons.

The following table compares the average heights and weights of children aged 5 and 12, with the figures for children at similar age periods (a) in England and Wales, all classes, and (b) children of artisans in towns:—

HEIGHT.

	<i>Age 5.</i>	<i>Age 12.</i>
	<i>Inches.</i>	<i>Inches.</i>
Boys (Wigan)	39·9	53·2
Boys (England & Wales)	41·00	54·75
Boys (Artisans in Towns)	41·00	53·50
Girls (Wigan)	41·7	53·7
Girls (England & Wales)	40·00	55·50
Girls (Artisans in Towns)	39·00	51·00

WEIGHT.

	<i>Age 5.</i>	<i>Age 12.</i>
	<i>Lbs.</i>	<i>Lbs.</i>
Boys (Wigan)	38·5	62·0
Boys (England & Wales)	39·0	76·5
Boys (Artisans in Towns)	40·0	73·5
Girls (Wigan)	36·9	70·2
Girls (England & Wales)	38·0	76·5
Girls (Artisans in Towns)	39·0	74·75

Comparing the heights of children aged 5 and 12 it will be seen that the boys compare unfavourably with the similar figures for England and Wales and the children of artisans in towns. The girls of Wigan, however, are taller than those in England and Wales, and also than the children of artisans in towns in the 5-year age groups, and in the 12-year age group the Wigan children are taller than those of artisans living in towns, but a little below the figure given for girls of 12 in England and Wales.

In comparing the weights in these two age-groups it will be seen that the figures for boys and girls in both groups compare unfavourably with those for the children of artisans in towns and also with the figures for England and Wales in the 12-year age-group.

Comparisons between the children at the various schools in the Borough could not be made with any degree of accuracy. The limited numbers of children examined in the various age-groups at the smaller schools make it impossible to effect such comparisons.

AVERAGE HEIGHT.

	5 years.	6 years.	7 years.	8 years.	9 years.	10 years.	11 years.	12 years.	13 years.	14 years.
Boys (inches)	39·9	40·9	44·4	40·5	46·0	48·0	52·7	53·2	54·4	54·6
Girls (inches)	41·7	44·0	42·8	44·6	46·0	...	52·0	53·7	55·0	55·0

AVERAGE WEIGHT.

	5 years.	6 years.	7 years.	8 years.	9 years.	10 years.	11 years.	12 years.	13 years.	14 years.
Boys (lbs.)	38·5	42·2	45·7	51·7	50·0	53·0	59·8	62·0	69·8	74·0
Girls (lbs.)	36·9	41·2	45·4	47·8	48·0	...	67·0	70·2	80·1	77·0

AVERAGE HEIGHTS (COMPARISON OF DIFFERENT SCHOOLS).

Boys.

<i>Age.</i>	5	6	7	8	9	10	11	12	13	14
<i>School.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>
St. Andrew's	41.6	42.6	43.8	...	...	49.4	55.0	55.1	56.0	...
St. Catharine's... ..	39.8	39.4	44.7	44.6	48.3	48.7	50.1	52.0	52.4	...
Whelley	38.2	38.2	...	44.0	...	...	...	54.0	...	...
St. Cuthbert's	43.9	40.7	41.5	45.7	...	46.4	50.2	52.2	...	...
St. George's	38.8	40.2	43.2	44.5	46.7	49.1	51.7	54.3	55.9	54.0
Marylebone	40.8	42.6	47.0	49.7	46.0	48.5	...	53.6	55.2	...
St. James's (Worsley Mesnes) ...	39.4	42.2	41.0	44.5	49.0	50.6	51.7	53.3	...	...
St. John's C.E.	40.1	41.3	47.7	45.8	42.0	50.0	52.2	52.6	56.2	...
St. John's R.C.	40.1	44.5	44.5	...	...	...	...	54.2	53.2	...
St. Joseph's	39.4	40.6	44.2	...	...	...	53.7	53.0	54.5	...
Kitt Green	39.7	46.9	45.2	...	51.5	49.5	52.0	51.8	52.0	...
St. Mark's	41.7	41.2	42.5	46.5	48.8	49.7	52.5	53.8	55.8	51.0
St. Mary's	30.9	43.0	44.2	...	...	...	...	51.6	54.5	54.0
St. Michael's	39.2	44.5	42.5	44.0	...	...	...	53.6	55.0	...
National & B.C.	40.4	42.7	45.8	46.4	50.0	50.3	...	53.5	55.5	...
St. Patrick's	32.8	43.3	44.7	41.8	...	...	...	53.2	54.3	...
St. Paul's	39.5	40.8	40.5	...	...	...	...	53.3	53.5	...
Pemberton Colliery... ..	39.4	38.6	44.5	48.0	...	49.1	59.1	53.1	56.1	56.2
Poolstock	42.6	34.3	43.5	46.2	48.0	50.5	50.2	52.3	55.3	...
Presbyterian	41.4	40.6	46.5	44.0	50.0	50.5	51.0	53.3	53.5	...
Sacred Heart	41.4	41.6	44.4	45.0	49.2	50.5	49.0	53.1	53.6	...
Caroline Street	40.0	40.6	41.5	...	...	...	...	52.2	52.0	...
Clayton Street	39.8	40.2	...	...	...	...	57.5	52.8	52.6	...
Scot Lane Council	40.1	42.2	43.2	42.7	...	51.0	51.0	53.5	54.7	58.0
Warrington Lane C'l	39.9	40.3	39.0	...	...	...	...	54.1	54.2	54.0
Wesleyan	40.9	42.1	44.8	44.5	50.7	50.9	51.0	53.8	58.2	54.0

AVERAGE HEIGHTS (COMPARISON OF DIFFERENT SCHOOLS).

Girls.

<i>Age.</i>	5	6	7	8	9	10	11	12	13	14
<i>School.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>	<i>Ins.</i>
St. Andrew's ...	41.5	41.7	44.0	48.0	47.0	50.8	56.0	54.7	54.3	...
St. Catharine's...	39.4	41.5	42.6	43.6	...	49.9	51.2	52.4	54.6	55.2
Whelley ...	40.2	40.1	41.5	46.0	...	...	...	52.4	56.0	...
St. Cuthbert's ...	40.0	41.0	44.3	44.2	47.0	52.5	51.3	53.1	55.3	...
St. George's ...	39.0	39.4	43.0	43.2	...	49.1	51.0	53.1	54.5	...
Marylebone ...	41.2	41.0	44.5	45.0	...	51.0	52.5	55.5	60.3	...
Worsley Mesnes ^{St.} _(James's)	39.8	39.7	44.3	47.0	47.3	49.7	49.0	53.0	...	...
St. John's C.E. ...	43.4	40.5	43.6	44.0	...	47.7	52.7	54.3	56.5	53.0
St. John's R.C. ...	40.8	43.0	...	...	...	...	...	54.7	50.0	...
St. Joseph's ...	38.9	40.0	48.0	...	...	...	52.0	54.1	53.5	...
Kitt Green ...	43.0	39.8	43.7	45.2	46.0	49.8	...	51.7	54.5	...
St. Mark's ...	29.4	42.7	44.9	45.0	...	49.4	52.7	53.8	58.3	...
St. Mary's ...	38.1	39.1	38.0	...	...	...	...	54.8	52.5	...
St. Michael's ...	40.2	42.1	...	...	...	...	...	53.6	53.2	...
National & B.C. ...	40.9	42.0	40.5	45.0	48.0	49.6	50.4	54.0	56.0	...
St. Patrick's ...	40.4	40.6	44.0	46.7	47.0	53.0	...	52.0	54.0	...
St. Paul's ...	39.2	45.5	42.4	...	46.0	...	...	53.7	54.5	...
Pemberton Colliery...	32.9	39.1	37.0	44.3	45.0	49.8	51.0	54.1	56.0	...
Poolstock ...	40.2	40.3	39.0	47.5	...	50.2	51.5	52.6	54.5	...
Presbyterian ...	40.0	42.7	43.6	43.3	...	49.6	53.0	54.7	55.2	...
Sacred Heart ...	40.7	42.1	46.6	45.8	49.0	49.4	51.0	54.7	58.1	...
Caroline Street ...	33.7	38.6	43.5	...	...	...	...	53.1	53.0	...
Clayton Street ...	38.4	40.6	...	...	...	...	...	54.0	56.5	...
Scot Lane Council ...	39.6	41.8	44.7	45.2	...	50.0	...	56.8	56.8	...
Warrington Lane C'l	44.5	39.5	...	...	...	...	...	55.3	56.1	...
Wesleyan ...	41.5	41.6	44.4	44.3	52.0	49.8	49.7	53.9	54.7	58.0

AVERAGE WEIGHTS (COMPARISON OF DIFFERENT SCHOOLS).

Boys.

<i>Age.</i>	5	6	7	8	9	10	11	12	13	14
<i>School.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>	<i>lbs.</i>
St. Andrew's ...	40.6	43.0	46.0	...	...	60.2	68.2	71.0	79.0	...
St. Catharine's...	36.9	39.1	44.4	48.0	56.3	61.8	61.6	65.1	69.3	...
Whelley ...	34.0	34.0	...	50.0	...	...	...	51.7	...	...
St. Cuthbert's ...	44.2	42.0	40.0	53.8	...	61.3	64.0	57.8	74.5	...
St. George's ...	35.8	40.2	44.4	51.5	53.7	61.8	67.1	64.0	67.5	74.0
Marylebone ...	38.1	40.3	48.0	55.0	50.0	53.5	...	76.3	67.5	...
St. James's (Worsley Mesnes) ...	40.1	43.1	40.0	49.5	58.3	63.6	62.7	69.5	...	...
St. John's C.E. ...	38.2	41.5	57.0	49.6	42.0	58.1	67.4	64.8	70.3	...
St. John's R.C. ...	37.1	46.5	47.0	...	...	...	...	68.6	63.5	...
St. Joseph's ...	36.0	39.0	45.0	...	...	...	66.0	67.4	66.0	74.5
Kitt Green ...	39.3	40.3	48.5	...	68.0	63.4	62.0	64.8	70.0	...
St. Mark's ...	39.2	50.1	38.5	52.4	58.7	60.3	47.3	69.2	77.1	...
St. Mary's ...	34.0	39.4	50.0	...	...	...	...	66.7	75.0	78.5
St. Michael's ...	36.2	43.7	43.0	49.0	...	...	...	66.3	60.0	...
National & B.C. ...	38.0	38.0	42.0	46.1	62.3	63.1	60.4	52.8	72.3	...
St. Patrick's ...	37.2	43.8	48.0	50.0	...	...	...	68.3	75.6	...
St. Paul's ...	39.4	41.6	39.0	...	...	...	...	67.2	68.6	...
Pemberton Colliery...	39.1	38.0	43.0	52.0	...	62.4	65.6	71.2	76.6	76.5
Poolstock ...	39.0	42.1	49.5	50.1	58.0	63.8	63.2	81.9	83.3	...
Presbyterian ...	39.4	44.0	50.0	46.5	64.0	62.7	66.5	68.5	74.7	...
Sacred Heart ...	41.1	42.0	48.4	49.0	55.0	62.2	58.6	68.0	69.2	...
Caroline Street ...	38.9	41.2	41.5	...	...	...	...	67.9	64.0	...
Clayton Street ...	36.5	38.9	...	...	...	...	82.0	66.1	70.3	...
Scot Lane Council ...	40.0	42.0	44.0	44.5	...	57.0	67.0	69.9	74.6	86.0
Warrington Lane C'l ...	40.9	39.2	38.0	...	...	...	...	70.0	74.5	62.5
Wesleyan ...	40.3	42.1	48.0	50.0	61.2	61.2	63.0	71.2	83.5	68.0

AVERAGE WEIGHTS (COMPARISON OF DIFFERENT SCHOOLS).

Girls.

Age.	5	6	7	8	9	10	11	12	13	14
School.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
St. Andrew's	40.0	39.7	42.0	...	...	...	...	72.0	71.6	...
St. Catharine's... ..	37.7	40.7	45.7	47.0	...	...	...	64.3	97.1	77.0
Whelley	38.3	36.0	...	...	...	...	...	64.0	88.6	...
St. Cuthbert's	37.9	40.1	45.3	53.5	...	...	...	69.3	94.6	...
St. George's	36.8	36.3	45.6	43.6	...	...	...	67.0	71.7	...
Marylebone	39.8	37.0	...	...	...	...	...	77.7	88.5	...
Worsley Mesnes (St. James's)	37.4	37.0	...	...	...	...	...	66.8	...	...
St. John's C.E.	39.0	38.5	...	46.0	...	...	...	72.3	80.1	...
St. John's R.C.	38.0	41.0	...	...	...	...	...	69.9	61.0	...
St. Joseph's	36.6	38.0	...	...	...	...	67.0	63.6	68.9	...
Kitt Green	41.1	37.2	47.0	50.0	48.0	...	...	64.0	69.5	...
St. Mark's	38.1	41.1	...	...	...	...	67.0	69.3	76.0	...
St. Mary's	35.9	37.2	...	...	...	...	...	67.9	66.5	...
St. Michael's	38.2	...	...	...	...	...	...	68.4	66.7	...
National & B.C.	37.8	40.5	40.5	46.0	...	...	...	70.5	74.3	...
St. Patrick's	37.7	39.0	45.5	52.1	...	...	...	72.2	71.8	...
St. Paul's	39.0	47.0	47.1	...	...	...	...	73.6	81.5	...
Pemberton Colliery... ..	31.8	40.6	43.0	...	...	...	...	68.8	82.3	...
Poolstock	38.0	39.5	36.0	51.5	...	...	...	69.3	78.0	...
Presbyterian	37.9	42.0	...	...	...	...	...	74.0	70.0	...
Sacred Heart	39.2	40.1	48.6	...	...	...	...	69.9	86.5	...
Caroline Street	25.6	33.5	48.5	...	...	...	...	69.0	63.0	...
Clayton Street	30.0	39.0	...	...	...	...	...	71.4	...	...
Scot Lane Council	37.4	39.5	44.7	48.5	...	...	...	73.2	73.2	...
Warrington Lane C'l	38.8	37.7	...	...	...	...	...	69.8	63.0	...
Wesleyan	39.9	40.1	...	43.8	...	...	...	70.2	75.0	...

In the course of medical inspection a considerable number of twins were presented for examination, and it was thought it might be instructive to make a comparative study of physical conditions existing in these cases (together with as many other twins as could be found in the schools), as compared with those existing in the gross number of children examined as routine cases.

The number of children who came under these investigations as twins was 78.

	<i>Routine Cases.</i>	<i>Twins.</i>
Percentage of children without physical defects (excepting carious teeth)	41·4%	43·5%
Percentage of children mentally normal... ..	97·6%	92·3%

HEIGHTS AND WEIGHTS.

Heights.

<i>Age.</i>	<i>Gross Routine Cases.</i>		<i>Twins.</i>	
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys. Inches.</i>	<i>Girls. Inches.</i>
5	39·9	41·7	37·7	37·9
6	40·9	44·0	41·2	43·6
7	44·4	42·8	42·2	...
8	40·5	44·6	46·7	43·2
9	46·0	46·0	45·6	...
10	48·0	...	48·6	47·5
11	52·7	52·0	52·0	50·2
12	53·2	53·7	...	53·4

Weights.

<i>Age.</i>	<i>Gross Routine Cases.</i>		<i>Twins.</i>	
	<i>Boys. Lbs.</i>	<i>Girls. Lbs.</i>	<i>Boys. Lbs.</i>	<i>Girls. Lbs.</i>
5	38·5	36·9	35·0	34·4
6	42·2	41·2	37·3	46·2
7	45·7	45·4	41·9	...
8	51·7	47·8	53·0	41·3
9	50·0	48·0	46·4	...
10	53·0	...	58·6	52·1
11	59·8	67·0	70·5	63·1
12	62·0	70·2	...	78·3

The conclusions arrived at from these observations are that in height and weight twin children on the whole do not come up to the standard of the ordinary child, but that a slightly smaller percentage are without physical defects. The mental condition was defective to the extent of being dull or backward, in a higher percentage of twins than of the ordinary children.

Nutrition.—88·2% of the children were found normal as regards nutrition, while 7·8 were below normal, 0·4 of these being classified as “bad.” In making these estimates there have been taken into consideration not only the weight but all the conditions bearing upon the nutrition of the child. The incidence of cases of malnutrition is greater among leavers than among entrants, and this would point to some influence at work during the child’s school career. When entrants are examined they are at an age when they are still reaping the benefit of good feeding in infancy, for practically all Wigan babies are breast-fed; nor have they lived for any length of time among the unfavourable sanitary surroundings which are inevitable in an old town like this. By the time these same children are inspected as leavers the intervening seven years of feeding on a diet which, though sufficient in quantity (for there is no lack of food on the whole in the working-class homes of the town) is wrong in quality, combined with a prolonged residence in such surroundings must have a deleterious effect upon the nutrition of the child. The staple diet

of some of the children appears to be tea, bread and butter or jam and chipped potatoes. I have seen the same child on four or five successive days visit the "chip shop" in order to procure its own dinner. It is possible that the mother has not the time or energy to prepare anything for the younger children who are easily satisfied with a meal of this description on account of having to cook two or three, or even more, substantial meals for her husband and grown-up sons as they respectively come off their "turns" at the pit at different times. There is practically no employment of married women in the town, and this can therefore not be looked upon either as an ante- or post-natal cause of malnutrition among children. Pre-natal causes, however, may be a contributory factor in its incidence for premature births are numerous in the town and a consequent delicate state of the child results.

Full enquiries were made into the circumstances of every child whose nutrition was unsatisfactory, and if found necessary it was ordered by the Medical Officer to partake of the dinners provided under the Provision of Meals Act after this was put into force.

CLEANLINESS OF HEAD AND BODY.

Cleanliness.—Figures relating to this subject, based upon the results of routine medical inspection, are misleading. As the parents are given notice of the proposed inspection they often specially cleanse and tidy their children in preparation for the forthcoming inspection. When on the other hand, the children are examined in the course of the inspections for general cleanliness, which are carried out without any previous warning being given to the children or parents, a much higher percentage of dirty and verminous children are found than at the routine medical inspections.

Thus in the course of routine medical inspections actual pediculi capitis were found in 5.5% of the cases and pediculi corporis in 0.9%. At the general cleanliness inspections pediculi capitis were found in 6.5% of the cases and pediculi corporis in 1.8%. It has even been noticed that when the general cleanliness inspections at a school extend over several successive days the children are cleaner on the days following that of the nurses' first visit than on the first day, having brought to the parents tidings of her visit to the school and its nature. Therefore if the general cleanliness inspections bore no further fruit they would have the effect of causing an extra cleansing of children on at least one occasion after every such visit to a school. That their effect is much more lasting and effective is now quite certain. As a proof of this the children at two schools, in different parts of the town, one respectively in the district of each school nurse, *i.e.*, St. Catharine's and St. Thomas's (Clayton Street) were submitted to a re-inspection after about six weeks' interval from the first inspection. At each of these schools exceptionally large numbers of children were found to be verminous at the general cleanliness inspection.

The procedure adopted in regard to verminous cases is to enter upon a register the names of children found to be verminous or unclean and send a notice (white card) pointing out the condition of the child to the parents, and giving directions how to remedy it. A few days after the sending of this notice the child is again examined by the school nurse and its condition noted in the register. If unimproved, a second notice (red card) pointing out the defect more forcibly and informing the parents that the child will now be separated from the others in school, is sent. This is again followed after a short interval by an inspection of the child and its condition again noted in the register. If no improvement has resulted, the cleansing powers conferred by section 122 of the Children Act are put into force.

This procedure was fully carried out in the usual way with regard to these two schools, and then on account of the large percentage of verminous cases found at the primary inspection a re-inspection of all the children in both schools was undertaken after an interval of six weeks at the request of the Committee. The results obtained were as follows:—

	<i>Total</i> <i>no. examined</i>	<i>Many</i> <i>nits.</i>	<i>Pediculi</i> <i>of head.</i>	<i>Pediculi</i> <i>of body.</i>	<i>Total</i> <i>Vermi- nous.</i>	<i>Live</i> <i>vermin.</i>	<i>Percentage</i> <i>Vermi- nous.</i>	<i>Live</i> <i>vermin.</i>
<i>St. Catharine's—</i>								
Primary								
Inspection ...	781	37	83	9	129	92	16.5	11.8
Re-inspection .	773	32	18	8	58	26	7.5	3.3
<i>St. Thomas's (Clayton Street)—</i>								
Primary								
Inspection ...	595	42	44	16	102	60	17.1	10.0
Re-inspection .	540	18	9	6	33	15	6.1	2.8

There is no doubt that an improvement has taken place during the year in the cleanliness of the children, but the staff of school nurses is not large enough to ensure the maintenance of thorough cleanliness among the school children.

It is found at successive inspections that certain names re-appear with great regularity upon the register of verminous cases, notwithstanding all the endeavours of the medical inspection staff to cause them to maintain the temporary cleanliness consequent upon the receipt of warning notices, and it is particularly for dealing with such cases that the present staff is inadequate. Cases where body vermin are extensively present are reported to the Health Department, who co-operate by the disinfection and cleansing of the children's homes and bedding. The dangers of body vermin have latterly been brought into prominence only too well by the epidemics of typhus fever on the continent, the body louse being an important factor in the spread of this disease.

In connection with a number of cases in which *pediculi vestimentorum* were found a series of investigations regarding this parasite were carried out. It has been suggested in memoranda to the Local Government Board by Dr. Farrar (one of the medical inspectors) and Mr. Warburton (who conducted a series of experiments upon the *pediculus vestimentorum*) that it cannot survive when deprived of its host for any length of time. Newly-hatched larvæ were found to perish in 36 hours unless they obtained food. From this it might be assumed that the parasite cannot exist in clothing which is not constantly upon the person of the host, and that at least the garment which is worn next to the skin must be in fairly constant wear day and night. To prove these conclusions, enquiries were made from a number of the children who were found to be infested with *pediculi vestimentorum* in order to elicit information as to whether the garment worn next to the skin, usually the shirt or chemise, was worn during the night as well as by daytime.

Forty-three cases were thus investigated, and in 40, or 93%, of these, definite statements were obtained that the child wore the same garment next to the skin by day and night, and in the majority of these cases the shirt or chemise worn by day (in conjunction with a petticoat) served as a nightshirt or nightgown. As a further proof of this, in three cases the garment was sewn on to the child, for it can be assumed that having once gone to the trouble of this process the parent of such a child will not repeat the sewing process unnecessarily.

The general condition of the body and garments of the three children, who stated they changed the clothes worn by day for different ones at night, led me to doubt the accuracy of their statement, and if investigations had been carried still further these three cases could probably have been added to the 40 in which affirmative results were obtained.

Skin Diseases.—The form of skin disease most frequently found was impetigo. As already stated, a large number of the cases of this disease are due to dirt and neglect; and practically all the cases of impetigo of the scalp were caused in the first place by the presence of pediculi. The remedy for this disease is therefore obviously a prophylactic one. All the cases treated at the clinic, or given home treatment under the constant supervision of the Medical Officer, yielded without any difficulty to treatment. Scabies was not met with to any great extent among the routine cases, but a large number of children suffering from this disease were seen at the clinic. It is difficult to effect a speedy cure of this disease without adequate bathing and disinfection provisions such as is available at modern skin hospitals, and the cases often dragged on for week after week owing to reinfection of one part from another.

Ringworm.—Although only 25 cases of ringworm of the scalp and two cases of ringworm of the body were found among the routine cases, a total of 143 cases of ringworm came under observation during the year. This I think is partly due to the fact that ringworm occurs more frequently at the ages when children are examined neither as entrants or leavers *i.e.*, 8, 9 and 10 years of age.

A register of cases of ringworm is kept, and as arrangements have been made for the exclusion and re-admission to school of such cases solely by the School Medical Officer, not only can these cases be kept under continual supervision but the period of absence from school can be correctly ascertained. In spite of directions to the contrary, a certain number of cases of ringworm have found their way back to school without previously receiving the permission of the School Medical Officer, and upon examination have been discovered to be still in an infectious condition. Their presence in school without doubt accounts to a certain extent for the spread of the disease.

All cases of ringworm, whether receiving private or institutional treatment, are seen at regular intervals by the School Medical Officer who by means of the ringworm register is enabled to refer to the attendance officers such cases as do not present themselves for examination when due. The attendance officers render much assistance by visiting the homes of these children and sending them to the Medical Officer for periodic *re* examination. Many of the cases of this disease were discovered by the school nurses in the course of the general cleanliness inspections.

The children suffering from ringworm received treatment either from the family doctor, at the local infirmary, or at the school clinic. A limited number of cases were enabled to receive x-ray treatment at the infirmary, but unfortunately the majority of the cases received only drug treatment, which is very unsuccessful in curtailing the duration of the disease and consequent absence from school, in comparison to that by x-rays.

The total number of cases of ringworm of the scalp which came under observation during 1914 was 143. Of these, 20 were carried over from the previous year, and at the end of 1914 33 cases were still excluded from school. All cases of ringworm of the scalp are excluded from school, and the total number of attendances lost on account of the disease was 12,418, representing approximately a loss in grant of £61 2s. 1d.

The average duration of each case was 101 days. No case is re-admitted to school unless proved to be free from the disease after microscopic examination of the hair by the School Medical Officer; 204 such examinations were made during the year.

The total number of cases of ringworm of the body that came under observation during 1914 was 32. All cases occurring on the face or exposed parts of the body are excluded from school. The total number of attendances lost by these cases was 618, and the average duration of each case was 14 days.

As already stated, the consequence of enforced absence from school on account of ringworm is serious not only on account of the loss of grant but also because of the resulting deterioration of the child's scholastic attainments and behaviour, and as a remedy for these evils the establishment of a ringworm school or class would amply justify its existence.

Carious Teeth.—This was the most prevalent defect found, only 17·9% of the children examined having sound teeth; 59·1 having less than four teeth decayed, and 22·7 having four or more decayed. The entrants, as would be expected, had rather better teeth than the leavers; 20·3% entrants having sound teeth as compared with 15·5% leavers. More boys (18·8%) were found to have sound teeth than girls, of whom 17·5% were without any signs of dental caries.

During the year an enquiry into the cleaning of teeth by the elementary school children of Wigan was instituted, and it was found that of the 3,890 routine cases medically inspected 1,184, (or 30·4%), cleaned their teeth more or less regularly with a tooth brush. The percentage of leavers was naturally higher (37·7%) than that of the entrants (24·2%) who are not as capable of attending to themselves in this respect as are the older children. Girls were found to be much more particular with regard to the cleaning of their teeth than boys, for of the girls examined 35·6% used the tooth brush as compared with 25% of the boys. A number of these children cleaned their teeth twice daily, whereas the remainder cleaned them regularly on occasions varying from once a day to twice a week.

Diseases of Throat and Nose.—Children suffering from enlarged tonsils and post-nasal adenoids formed the bulk of the cases of nose and throat diseases. There was very little difference in the incidence of enlarged tonsils and adenoids among entrants and leavers. As already stated, 41·4% of the cases discovered remained untreated at the end of the year. The condition of these cases was found at re-inspection to be unchanged or worse in 155 instances, while the condition although untreated appeared to have improved in 19 instances. The evils resulting to the child when the condition persists and is left untreated are only too well known and form sufficient cause for the provision of more adequate means of treatment than are at present available in the town. Cases of deflected nasal septum, hypertrophied turbinal bones, polypi, and one case of atrophic rhinitis were also found.

Enlarged Glands.—In the majority of cases the enlargement found was a simple enlargement, cases of tubercular adenitis being rare, only 0·5% of the entrants and 0·3% of the leavers being thus affected. The most common causes of simple adenitis were found to be pediculosis and impetigo of the scalp and carious teeth.

External Eye Disease.—Among the routine cases blepharitis was the most common defect, and was often of long-standing duration as parents do not deem it one of sufficient gravity to require medical treatment. All cases of blepharitis, together with the cases of ophthalmia and corneal ulceration, who were unable to obtain treatment from private practitioners were treated at the clinic.

Several severe cases of corneal ulceration were found. The worst case seen was not a routine inspection case, but was sent for advice to the inspection clinic. As the disease had remained stationary under medical treatment for a number of years and the child was rendered practically blind provisions were made for his admission to an institution for the blind.

The very numerous cases of ophthalmia seen during the year were practically all sent specially for treatment or advice to the clinic, comparatively few of the routine medical inspection cases being affected with this disease. This may be due to the fact that children suffering from ophthalmia would be excluded from school and would therefore be absentees from the medical inspection.

Defective Vision and Squint.—Of the entrants only a few were submitted to vision tests. Of the leavers the vision was normal in 29·4% of the cases; slightly more boys (30%) being without defect than girls (28%). The schools showing the highest percentage of cases of defective vision were St. Joseph's, St. Patrick's, and St. Thomas's (Caroline Street), all of them old schools with inadequate lighting. St. Andrew's, a fairly modern well-lit school, had the lowest percentage of such cases.

Squint occurred almost equally amongst entrants and leavers. I am of the opinion that parents are becoming more solicitous as regards this defect, and are generally anxious to have the condition remedied, though they may be without the means of obtaining the necessary remedy.

Ear Diseases and Defective Hearing.—Otorrhœa is not found to any great extent among school children of this town, and cases of obstruction of the ears and defective hearing are also uncommon. It was often found difficult to carry out the hearing tests on account of lack of quiet in the schools, and with some of the entrants (4·3%) an impossibility, owing to their refusal to respond to the whisper tests.

Defects of Speech and Articulation.—Among entrants a number of cases of defective articulation were found which improved considerably after the child had been in attendance at school for only a short while. In a few cases the defect persisted, and in at least one case it was due to tongue-tie and improved when this defect was remedied. Stammerers occurred more among leavers than entrants, for this is a complaint which as a rule does not appear while the child is very young. Only two girls showed the defect as compared with 18 boys. Instructions regarding the treatment of these cases was given to their teachers and also to the parents when present.

Mental Children.—Twice as many leavers as entrants were found to be backward in the routine medical inspection cases, and this is due to the fact that it is more difficult to estimate the intelligence of a child while in the infant department than when it enters upon the work of a senior department. Children often take a considerable time to “expand” under the novel conditions they enter into when they begin school-life, and therefore a considerable interval must of necessity be allowed to elapse before such an estimation can be made.

From the accompanying table of exceptional cases in attendance at the schools it will also be seen that retarded children are rare in infant departments as compared with senior departments. The causes of retardation of the 593 children who come under this heading were mainly ill-health and irregular attendance, although in certain cases there appeared to be no other cause than lack of intelligence.

There are in attendance at the Wigan elementary schools 85 feeble-minded children and 2 imbeciles; one of the latter resides outside the boundary of the Borough, and is not a fit case even for a special school. Of the 86 others, 28 are in attendance at the special class for feeble-minded and backward children at St. George's School, and although the accommodation there is insufficient for them and the supply of teaching materials is inadequate the children have made decided progress during the year.

The head-master of the school is enthusiastic in his endeavours to provide suitable education for this type of child, in which endeavours he is assisted by the teacher in charge of the class who, although she has had no special training in the teaching of such children, has a natural aptitude for her task as is evidenced by the progress the children make under her tuition. Even were there no obligation upon the Authority to make some provision for the special education of the remaining 58 feeble-minded children in attendance at the elementary schools, and whose education is therefore at a standstill, and other 5 children who are not attending any school, the progress made by the children in the special class would sufficiently justify the provision of a special school where all these children could receive suitable education. All the children classified as feeble-minded, or imbecile, were specially examined by the Medical Inspector,

MENTAL DEFICIENCY ACT, 1913, AND ELEMENTARY EDUCATION
(DEFECTIVE AND EPILEPTIC) ACT, 1914.

These two Acts conjointly require from the Local Education Authority the following duties:—

All mentally deficient children over seven years of age and under 16 must be known to the Authority, and each child must be examined by the Certifying Medical Officer as to its fitness to derive benefit from special school education. If there is no likelihood of any benefit being derived from such education the child must be notified by the Education Authority to the Local Authority under the Mental Deficiency Act (this in the case of Wigan being the Lancashire Asylums Board).

The Local Education Authority must therefore now provide education for educable children who are mentally deficient, and may do this by means of

- (1) Special Classes,
- (2) Special Schools,
- (3) Boarding Out Children at Special Institutions.

The action taken in Wigan up to the present has been

(1) The notification by the Medical Officer to the Authority of all cases of mental deficiency brought under observation, the medical examination thereof, and the keeping of a register containing the names and particulars of each case thus notified.

(2) The holding of a special class for a limited number of the children.

(3) The boarding out of one case.

(4) The formation of a Sub-Committee to consider the question of further procedure under the Act.

As already stated, the accommodation afforded the special class will not allow of the admission of many more children, and the school at which it is held is not situated in a central position. The best solution, therefore, of dealing with the educable cases would be the extension of this class into a special school situated in a spot easily accessible from all parts of the town.

Heart and Circulation.—Cases of anæmia were frequent and were often associated with malnutrition, debility, rickets, etc., and not rarely were they due to unhygienic home surroundings. Anæmia was a little more common among leavers than entrants.

A number of cases of organic heart disease were found, both in the case of routine medical inspection and at the inspection clinic, the lesions in several instances being of such severity as to warrant the exclusion of the children from school for lengthy periods. In such cases as are allowed to remain in school the necessary instructions for the treatment of the child have been given to the teachers as well as to the parents.

The children showing signs of heart disease were examined at frequent intervals at the clinic.

Lungs.—Bronchitis was the most usual form of lung disease found among the routine cases. Definite cases of pulmonary tuberculosis were found to the extent of 45 % of the children examined.

During the year 61 cases (including the 18 routine inspection cases) came under observation. In 21 of these there were well-marked signs of pulmonary tuberculosis, and in 40 there were symptoms suspicious of the disease. They were all kept under continual observation, being re-examined at regular intervals in either my capacity as Assistant School Medical Officer or Assistant Tuberculosis Officer.

Number of cases of pulmonary tuberculosis seen at		School Clinic or at Clinic and		Tuberculosis Dispensary		...	...	55
„	„	seen at Dispensary only		...	...	...	...	5
„	„	„ School only		...	...	...	...	1

The condition of these cases at the end of the year was as follows :—

Improved	...	...	...	...	...	...	...	27
Stationary	...	...	...	...	...	...	...	4
Worse	...	...	...	...	...	...	...	9
Only attended once	...	...	...	...	...	...	...	19
Left school or district	...	...	...	...	...	...	...	2

The procedure with regard to cases of pulmonary tuberculosis is as follows :—All cases discovered in the course of routine medical inspection are asked to attend at the clinic for re-examination under the more favourable conditions obtainable there.

A register of all cases of definite or suspected pulmonary tuberculosis is kept so that periodic re-examination can be arranged for. All the cases are weighed at regular intervals.

Any doubtful cases are referred for examination to the Tuberculosis Officer. Upon the notification of a case of tuberculosis being received arrangements are made by the tuberculosis department for the home visiting of the case by the tuberculosis nurse, who arranges for the attendance of all contacts at the dispensary. Here all contacts of school age are examined by the Assistant Tuberculosis Officer.

The various forms of treatment adopted at the dispensary are available for school children, *i.e.*, domiciliary treatment with the granting of special nourishment in the shape of cream and milk, and treatment at Pemberton Sanatorium. Owing to the co-ordination between the medical inspection and tuberculosis departments and the interest and kind offices of the Tuberculosis Officer it has been possible to obtain suitable treatment for all cases of school age requiring such. Thus during the year eight school children have been granted special nourishment and four have been in Pemberton Sanatorium. It is probable that a larger number of children would have been admitted to the Sanatorium had it not been closed for alterations during a part of the year.

The sputum of all the cases of pulmonary tuberculosis is bacteriologically examined.

As regards the exclusion from school of children showing symptoms of this disease, every case is considered upon its own merits. The likelihood of spreading infection from the case by its presence in school and the nature of the child's home and surroundings are the chief factors taken into consideration besides the general condition of the child. There is no doubt in my mind that other conditions being satisfactory, a child is more likely to improve in a large well-ventilated school than by spending all its time in a stuffy kitchen with closed windows, in a narrow street with unbroken rows of houses on every side.

Rickets was more often found among entrants than among leavers, suggesting that there is a certain amount of truth in the statement of the parents that the condition frequently rights itself.

Deformities.—These consisted mainly of cases of genu valgum and varum due to rickets, and of shortened and deformed limbs, the results of infantile paralysis or tuberculosis of the bones and joints.

Nervous Disease.—Numerous cases of chorea came under observation, but were mainly cases specially sent to the clinic. They all received medical treatment, but notwithstanding this, many of them persisted for many weeks or recurred after apparent cessation of twitching. A few of the cases were able to get away from Wigan into the country or to the seaside, and as these were the cases that made the best progress towards recovery it is possible that the condition of the homes and surroundings of this town were the obstacles in the way of recovery to the cases that had of necessity to remain here. Only one case of epilepsy occurred among the routine cases, but a number were seen among the special cases, and seven cases who were not fit to attend an ordinary elementary school came under observation.

Goitre.—Among the leavers 14 cases of enlargement of the thyroid were found, three of these being males and 11 females; and in a number of these the enlargement was so marked as to constitute a definite goitre. One case presented well-marked exophthalmic and cardiac symptoms.

Intestinal and Congenital Diseases.—Several cases of hernia, intestinal worms and prolapsus ani were found, and also one of colitis. A few cases of phimosis and hydrocele were seen; practically all the cases in which operative measures were required received the necessary attention.

Vaccination appears to have been generally carried out among the children inspected.

Infectious Disease.—The cases found in the course of routine medical inspection were mainly varicella and mumps; a few cases of whooping cough, measles, scarlet fever and diphtheria were discovered. In the latter cases, as in all suspicious cases of sore throats, swabs were taken for bacteriological diagnosis.

By means of recording upon the medical inspection schedule of each child its past history of infectious diseases, a register of all infectious disease is gradually being compiled for the whole of the children in attendance at the elementary schools. This should serve as a useful guide for the exclusion of contacts.

During the summer months the number of cases of scarlet fever assumed epidemic proportions, but fortunately were limited to Worsley Mesnes and Pemberton districts. It was not found necessary to close any schools on this account but various school buildings were disinfected. During the latter part of November and early part of December the town was visited by a severe epidemic of measles, and also of whooping cough and mumps. The measles was of a virulent type and caused a large number of deaths among children under school age, and also several among the school children, so that it was deemed advisable, after consultation with the Acting Medical Officer of Health, to close the public elementary schools and Sunday schools on December 14th—ten days before the intended closure for the Christmas holidays. Unfortunately this closure of four weeks did not have all the good effect one could have desired and a large number of cases continued to occur after the re-assembly of the schools after the holidays. Owing to the meetings and assemblies arranged for the wives of the soldiers and sailors on active service there was more contact than usual between the children who invariably accompanied their parents to the meetings, and this may to some extent account for the epidemic. The children taken to these meetings were such as could not be left at home, and therefore under school age—the children most severely affected by the epidemic—for those of school age were safely in attendance at school during their mothers' absence from home.

As already stated, an arrangement has been made whereby head-teachers notify to the School Medical Officer all cases of infectious and contagious diseases as they occur among the school children. Copies of these notifications are remitted to the Health Department, and all cases excepting ophthalmia, ringworm, impetigo and eczema

are visited by the officials from this department. Children who are notified as suffering from any of the above-named four diseases are requested to attend at the school clinic, and are there dealt with.

THE WORK OF THE SCHOOL NURSES.

There are two school nurses who carry out the following duties : They “ follow up ” all defective cases, visiting the homes of the children and the schools for this purpose. They perform the general cleanliness inspections and carry out treatment at the school clinic under the supervision of the Assistant Medical Officer. They cleanse verminous children (section 122, Children Act) with the assistance of the caretaker of the clinic. They accompany the Assistant Medical Officer to the schools to aid in the work of medical inspection when they weigh and measure the children and supervise their dressing and undressing. They also perform a certain amount of clerical work in connection with the clinic and the “ following up ” of cases.

The schools of the town are divided as far as possible as being in two districts, one of which is allotted to each nurse, and she visits the schools and homes of her own district. While one nurse accompanies the Medical Officer to a school in her district the other nurse carries out treatment at the clinic, a school in each district being visited in turn by the Medical Officer.

From this account of the duties of the nurses it will be seen that with a school population of 15,096 the task of satisfactorily carrying out the work by two nurses is no light one.

A statement of the work done by the school nurses during the year is appended :—

Number of visits paid to homes of children	1,815
„ „ „ schools in connection with general cleanliness	187
„ „ „ schools for other purposes	17
„ children inspected <i>re</i> general cleanliness	16,832
„ children re-inspected <i>re</i> general cleanliness	1,085

FEEDING OF NECESSITOUS SCHOOL CHILDREN.

The Feeding of Necessitous School Children Act, 1906, and the Education (Provision of Meals) Act, 1914, were actively set in motion by the Wigan Education Authority on October 13th. The number of children who were fed on the first day upon which meals were provided was 343. The number of children partaking of the meals reached a maximum in the week ending October 24th, when 691 children were upon the free meals registers. During this week 2,173 meals were provided. Towards the end of the year these numbers showed a considerable decrease.

TABLE I.

Cases of Infectious Disease notified by Head Teachers.

SCHOOL.	Dept.	Scarlet Fever	Diphtheria	Typh. Fever	Measles	Whooping Cough	Chicken Pox	Mumps	Impetigo	Scabies	Ringworm (Head)	Ringworm (Body)	Ophthalmia	Total
St. Andrew's	M.	...	...	...	1	1	...	2	5	...	4	...	...	13
Do.	I.	3	...	...	28	2	44	10	3	...	1	...	3	94
St. Catharine's	B.	...	...	...	...	...	...	3	2	...	...	...	...	5
Do.	G.	3	...	...	...	...	2	10	2	...	...	...	1	18
Do.	I.	5	...	...	7	4	8	25	1	...	1	...	3	54
Do. Whelley Br.	M.	3	...	...	1	...	1	...	2	...	...	1	...	6
Do. Whelley Br.	I.	3	...	...	5	1	1	5	...	...	...	...	1	18
St. Cuthbert's	M.	...	...	1	8	...	2	3	...	...	1	...	...	15
Do.	I.	1	...	...	17	2	7	13	1	...	1	...	1	41
St. George's...	M.	1	...	...	...	2	2	4	3	...	1	...	1	14
Do.	I.	1	...	...	67	2	8	15	4	...	2	...	2	101
Do. Marylebone	M. & I.	...	...	...	17	...	1	2	...	...	1	...	...	21
St. James's (Wor. Mes.)	M.	35	...	...	...	...	5	2	1	...	...	...	...	43
Do.	I.	16	...	...	1	...	5	...	2	...	1	...	...	28
St. John's C.E.	M.	...	1	...	...	...	1	2	2	...	...	1	3	9
Do.	I.	4	3	...	36	9	5	65	2	...	...	...	2	126
St. John's R.C.	B.	7	...	...	...	...	...	14	...	...	2	...	1	24
Do.	G.	...	...	...	...	...	...	2	4	...	1	...	4	11
Do.	I.	2	...	...	...	...	...	2	...	...	...	...	...	4
St. Joseph's...	B.	4	...	...	3	...	...	...	22	...	1	...	61	90
Do.	G.	...	...	...	31	...	2	...	5	...	2	...	...	6
Do.	I.	...	...	...	26	...	...	34	4	...	...	...	4	43
Kitt Green	M. & I.	...	...	...	1	...	...	3	2	...	1	...	1	63
St. Mark's	B.	...	...	...	7	...	...	1	...	...	2	...	...	5
Do.	G.	...	...	...	9	...	1	3	...	...	...	...	...	10
Do.	I.	...	...	...	...	...	...	...	...	...	...	...	...	13
St. Mary's	B.	...	...	...	...	...	...	...	...	...	...	...	...	...
Do.	G.	2	...	...	...	2	17	12	5	...	3	...	25	10
Do.	I.	5	...	...	1	...	6	6	1	...	2	...	...	66
St. Michael's	M.	1	...	...	1	1	21	22	2	...	5	...	1	21
Do.	I.	7	...	...	3	...	...	4	2	...	31	...	...	54
National & Blue Coat	B.	3	...	...	2	1	4	23	3	1	11	...	4	47
Do.	G.	1	...	...	...	31	21	6	...	...	3	1	...	51
Do.	I.	...	...	...	...	...	...	...	11	...	...	1	...	65
St. Patrick's	Sr. B.	...	...	...	...	...	2	...	...	...	...	...	7	20
Do.	Sr. G.	1	...	...	...	...	...	...	4	...	...	...	2	7
Do.	Jr. B.	28	...	...	54	...	22	12	...	...	22	...	18	188
Do.	Jr. G.	1	...	...	16	1	3	33	...	...	...	...	1	55
St. Paul's...	B.	...	...	...	1	1	...	...	...	...	2	...	...	4
Do.	G.	...	...	...	...	...	1	2	4	...	5	...	...	12
Do.	I.	1	...	...	21	2	...	2	...	...	...	...	...	24
Pemberton Colliery	B.	1	...	...	5	2	...	10	1	...	2	...	...	21
Do.	G.	4	1	...	69	1	17	33	2	1	2	...	2	16
Do.	I.	1	...	...	4	...	2	11	...	...	...	...	3	132
Poolstock	M.	1	...	...	4	...	2	11	...	...	1	...	...	18
Do.	I.	3	...	...	3	...	5	...	...	...	...	...	...	12
Presbyterian	M.	...	...	...	...	6	...	...	...	1	...	...	...	1
Do.	I.	1	...	...	...	...	2	...	...	...	...	...	2	11
Sacred Heart	M. & I.	3	...	...	6	...	11	25	...	...	2	...	5	52
St. Thomas' (Carol. St.)	M.	1	...	...	...	...	...	...	5	...	3	...	8	17
Do.	I.	...	...	...	12	...	8	17	15	1	3	...	21	77
Do. (Clayton St.)	M.	...	1	...	...	...	...	2	2	...	1	...	9	15
Do.	I.	...	...	...	23	...	5	1	9	...	2	...	...	40
Scot Lane Council	Sr. M.	3	...	3	2	...	1	2	...	...	5	...	1	17
Do.	Jr. M.	...	...	2	61	1	...	2	4	...	1	...	...	71
Warrington Lane Co'l	M.	4	...	...	4	2	1	28	25	1	5	...	11	81
Do.	I.	1	...	...	32	1	4	15	3	...	...	1	3	60
Wesleyan	M.	...	...	...	1	...	1	18	1	...	2	...	1	24
Do.	I.	1	...	...	...	...	...	9	4	2	6	...	4	26
Woodford Street	Jr. G.	2	1	...	...	...	...	3	1	...	...	...	...	7
Girls' High School	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	164	8	6	587	71	250	529	211	7	141	5	218	2,197

The scheme adopted by the Committee in connection with the eligibility of school children to qualify for free meal provision, was as follows :—Any child in attendance at a public elementary school in the Borough who was a member of a family the maximum income of which did not exceed 2/6 per head of the family, was entitled to take advantage of the provisions made in connection with the 1906 Act. At the same time it was allowed that the scale be regarded as sufficiently elastic in certain cases to allow of the inclusion on medical grounds of children who did not come within the limit of the above scale if in the opinion of the School Medical Officer a child would be likely to benefit physically from the supply of free dinners.

Dinners were provided on every week-day and the feeding was continued throughout the Christmas holidays.

The meals are cooked in a kitchen adjacent to St. John's R.C. School, and from there distributed with the necessary dishes and cutlery to the various feeding centres. There are eight such centres in four different parts of the town, situated as follows :—

St. John's Hall,
 St. Paul's School,
 St. Joseph's School,
 Victoria Hall,
 Brunswick Wesleyan Sunday School,
 Mount Zion Hall,
 St. Patrick's School,
 Platt Lane Mission Room.

It will be seen that three schools had to be used as feeding centres—an undesirable proceeding, but inevitable on account of the impossibility of obtaining more suitable accommodation. At the time of writing, the use of one of these centres has been discontinued.

The menus for the meals have been submitted to the School Medical Officer, and who has also paid frequent visits to the feeding centres and kitchen.

The weekly dietary is as follows (the quantities set out are for 100 children) :—

Monday.—Hot Pot (7 $\frac{3}{4}$ lbs. beef, 6 $\frac{3}{4}$ lbs. onions, 133 $\frac{1}{4}$ lbs. potatoes, 12lbs. bread) ; or Scotch Broth (4 $\frac{1}{4}$ lbs. mutton, 3 $\frac{1}{2}$ lbs. onions, 7 $\frac{3}{4}$ lbs. barley, two sticks celery, 4 $\frac{3}{4}$ lbs. carrots, 4 $\frac{3}{4}$ lbs. turnips, eight leeks, two cabbages, thyme, parsley, 121lbs. bread).

Tuesday.—Pea Soup (20 $\frac{3}{4}$ lbs. peas, 3lbs. beef, 6lbs. onions, 12lbs. bread) ; or Hot Pot.

Wednesday.—Potatoe Pie (9lbs. beef, 6 $\frac{3}{4}$ lbs. onions, 133lbs. potatoes, 10 $\frac{1}{2}$ lbs. flour, 3lbs. lard, 12lbs. bread) ; or Scotch Broth.

Thursday.—Bacon and Peas (24lbs. peas, 5 $\frac{3}{4}$ lbs. bacon, 14 $\frac{1}{2}$ lbs. bread) ; or Hot Pot.

Friday.—Rice Porridge (28 quarts milk, 17 $\frac{3}{4}$ lbs. rice, 7lbs. sugar, 2lbs. currants) ; or Potatoe Pie.

Saturday.—Potatoe Hash (19lbs. beef, 6 $\frac{3}{4}$ lbs. onions, 133lbs. potatoes, 3lbs. carrots, 12lbs. bread) ; or Pea Soup.

The cost per meal per child (inclusive of all expenses incurred in connection with the preparation and distribution of the food) is approximately 2·25 pence.

The school teachers and school attendance officers have undertaken the supervision of the discipline at mealtimes, the distribution of the food and the keeping of registers, and have been of the greatest assistance in the actual making and carrying out of all arrangements necessary for the feeding of the children.

TEACHING OF HYGIENE AND INFANT CARE.

This branch of schoolwork has during the year received increased attention from a number of the teachers, and a course of lessons on domestic hygiene and infant care is now included in the curriculum of practically every girls' school. The tuition at present is mainly theoretical, but it is hoped to be able to provide lessons of a more practical nature in the near future. The course of lessons is arranged to extend either over two or three years.

A specimen syllabus of the instruction is appended.

TABLE II.

Return showing the Physical Condition of Children Inspected.

CONDITION	Entrants			Leavers			Total			Special Cases	
	M.	F.	T'l.	%	M.	F.	T'l.	%	M.	F.	Total.
CLOTHING—											
Total Inspected	1044	1072	2116		881	893	1774		1925	1965	3890
Satisfactory	970	1040	2010	94.9	823	871	1694	95.4	1793	1911	3704
Unsatisfactory	74	32	106	5.1	58	22	80	4.5	132	54	186
FOOTGEAR—											
Satisfactory	995	1036	2031	95.9	824	861	1685	94.9	1819	1897	3716
Unsatisfactory	49	36	85	4.1	57	32	89	5.0	106	68	174
CLEANLINESS OF HEAD—											
Clean	999	523	1522	71.9	856	320	1176	66.2	1855	843	2698
Nits	36	434	470	22.2	23	484	507	28.5	59	918	977
Podiculi	9	115	124	5.9	2	89	91	51.2	11	204	215
CLEANLINESS OF BODY—											
Clean	950	904	1854	87.6	770	762	1532	86.3	1720	1666	3386
Dirty	15	7	22	1.0	20	11	31	1.7	35	18	53
Podiculi	5	12	17	.8	9	12	21	.95	14	24	38
Flea-bitten	77	150	227	10.7	92	117	209	11.7	169	267	436
NUTRITION—											
Excellent	39	22	61	2.8	28	53	81	4.8	67	75	142
Normal	940	959	1899	89.7	787	758	1545	87.0	1727	1717	3444
Below Normal	60	86	146	6.9	63	79	142	8.0	123	165	288
Bad	5	5	10	.4	3	3	6	.33	8	8	16
NOSE AND THROAT—											
Tonsils: No Defect	878	878	1756	82.9	723	705	1428	88.4	1601	1583	3184
Tonsils X	81	112	193	9.1	87	100	187	10.5	168	212	380
Tonsils XX	85	82	167	7.8	71	88	159	8.9	156	170	326
Adenoids: No Defect	974	1017	1991	94.0	842	868	1710	96.5	1816	1885	3701
Adenoids X	13	13	26	1.2	12	3	15	.84	25	16	41
Adenoids XX	51	42	93	4.3	25	21	46	2.5	76	63	139
Mouth Breathers	6	...	6	.28	2	1	3	.168	8	1	9
Nose: No Disease	1039	1067	2106	99.6	872	887	1759	99.2	1911	1954	3865
No Disease	5	5	10	.4	9	6	15	.84	14	11	25
Glands: No Enlargement	912	953	1865	88.1	830	846	1676	94.6	1742	1799	3541
Simple do.	132	119	252	11.9	51	47	98	5.5	183	166	349
EXTERNAL EYE DISEASE—											
No Disease	1007	1034	2041	96.4	850	862	1712	96.6	1857	1896	3753
Blepharitis	18	23	41	1.9	18	20	38	2.1	36	43	79
Conjunctivitis	6	4	10	.4	5	2	7	.39	11	6	17
Corneal Opacities	2	1	3	.14	2	2	4	.22	4	3	7
Other Disease	11	10	21	.9	6	8	14	.78	17	18	35
EAR DISEASE—											
No Disease	1038	1063	2101	99.2	874	890	1764	99.5	1912	1953	3865
Obstruction R.	1	1	2	.09	1	...	1	.056	2	1	3
Do. L. ... ..	...	1	1	.047	1	...	1	.056	1	1	2
Otorrhea R.	5	4	9	.4	2	2	4	.22	7	6	13
Do. L.	4	6	10	.4	5	2	7	.39	9	8	17
Other Diseases ... ..	...	2	2	.09	1	1	2	.11	1	3	4
HEARING—											
Not Tested	34	58	92	4.3	...	2	2	.11	34	60	94
20 feet (each ear)	998	1000	1998	94.4	861	870	1731	97.7	1859	1870	3729
20 feet R.	998	1000	1998	94.4	864	878	1742	98.3	1862	1878	3740
20 feet L.	999	1000	1999	94.4	861	879	1740	98.2	1860	1879	3739
10 feet R.	8	9	17	.8	10	8	18	1	18	17	35
10 feet L.	10	8	18	.8	14	7	21	.95	24	15	39
5 feet R.	4	5	9	.4	7	5	12	.66	11	10	21
5 feet L.	1	6	7	.3	6	5	11	.61	7	11	18
TEETH—											
Sound	216	214	430	20.3	146	130	276	15.5	362	344	706
Less than Four Decayed	530	586	1116	52.2	592	591	1183	66.6	1122	1177	2299
Four or more Decayed	298	272	570	26.9	143	172	315	17.7	441	444	885
Sepsis	15	4	19	.8	2	7	9	.5	17	11	28
HEART AND CIRCULATION—											
No Disease	1000	1021	2021	95.5	839	828	1667	94.0	1839	1849	3688
Organic Disease	3	2	5	.2	3	6	9	.5	6	8	14
Functional Disease	6	2	8	.3	2	12	14	.78	8	14	22
Anemia	35	46	81	3.8	35	46	81	4.8	70	92	162
Other Defects ... ..	...	1	1	.047	2	1	3	.68	2	2	4
LUNGS—											
No Disease	1021	1041	2062	97.4	874	886	1760	99.3	1895	1927	3822
Bronchitis & Bronchial Catarrh	16	22	38	1.7	1	...	1	.056	17	22	39
Tuberculosis	4	2	6	.28	5	7	12	.66	9	9	18
Tuberculosis Suspected ... ..	...	1	1	.047	...	...	...	...	...	1	1
Other Diseases	3	6	9	.4	1	...	1	.056	4	6	10
NERVOUS SYSTEM—											
No Disease	1043	1071	2114	99.9	876	884	1760	99.2	1919	1955	3874
Epilepsy (major or minor) ... ..	...	...	...	...	1	...	1	.056	1	...	1
Chorea ... ..	...	...	...	...	1	2	3	.168	1	...	1
Other Diseases	1	1	2	.09	3	7	10	.56	4	8	12
INTESTINAL DISEASE—											
No Disease	1044	1072	2116	%	880	893	1773	99.9	1924	1965	3889
Present ... ..	...	...	...	...	1	...	1	.056	1	...	1
GOITRE—											
No Disease	1044	1072	2116	%	878	882	1760	99.2	1922	1954	3876
Present ... ..	...	...	...	...	3	11	14	.78	3	11	14
SKIN—											
No Disease	993	1023	2016	95.2	853	853	1706	96.1	1846	1876	3722
Ringworm (head)	12	9	21	.9	4	...	4	.22	16	9	25
Do. (body) ... ..	...	1	1	.047	1	...	1	.056	1	1	2
Impetigo	18	17	35	1.6	4	11	15	.84	22	28	50
Scabies	4	3	7	.3	...	6	6	.33	4	9	13
Other Diseases	19	20	39	1.8	20	28	48	2.7	39	48	87
RICKETS—											
No Disease	1023	1063	2086	98.5	873	892	1765	99.5	1896	1955	3851
Slight	15	8	23	1.0	8	1	9	.5	23	9	32
Marked	6	1	7	.3	...	...	...	...	6	1	7
DEFORMITY—											
No Deformity	992	1042	2034	96.1	851	875	1726	97.2	1843	1917	3760
Deformity (Congenital)	10	8	18	.8	16	7	23	1.2	26	15	41
Do. (Acquired)	43	22	65	3.0	14	11	25	1.4	57	33	90
NON-PULMONARY TUBERCULOSIS—											
No Disease	1036	1067	2103	99.3	877	880	1763	99.4	1913	1953	3866
Glandular	2	2	4	.18	3	6	9	.5	5	8	13
Bones and Joints ... ..	...	...	...	...	...	...	...	...	...	...	...
Other Forms	6	3	9	.4	1	1	2	.11	7	4	11
SPEECH—											
Not Defective	1032	1067	2099	99.1	864	892	1756	98.9	1896	1959	3855
Defective Articulation	7	4	11	.5	4	...	4	.22	11	4	15
Stammering	5	1	6	.28	13	1	14	.78	18	2	20
MENTAL CONDITION—											
Normal	1021	1055	2076	98.1	855	867	1722	97.0	1876	1922	3798
Dull or Backward	18	11	29	1.3	24	23	47	2.6	42	34	76
Defective	5	6	11	.5	2	3	5	.28	7	9	16
VISION—											
Normal (6/6 each eye)	9	21	30	1.4	583	531	1114	62.8	592	552	1144
6/6 R.	10	21	31	1.4	640	580	1220	68.7	650	601	1251
L.	9	22	31	1.4	648	558	1198	67.5	657	580	1237
6/9 R.	2	9	11	.5	84	122	206	11.4	86	131	217
L.	2	7	9	.4	89	127	216	12.1	91	134	225
6/12 R. ... ..	...	3	3	.14	39	37	76	4.2	39	40	79
L. ... ..	...	4	4	.18	23	54	77	4.3	23	58	81
6/18 R.	2	...	2	.09	57	75	130	7.3	59	75	134
L.	3	...	3	.14	51	71	121	6.8	54	71	125
6/24 R. ... ..	...	1	1	.047	22	35	57	3.2	22	36	58
L. ... ..	...	...	...	...	23	34	57	3.2	23	34	57
6/36 R.	1	...	1	.047	25	33	58	3.2	26	33	59
L.	1	1	2	.09	33	38	41	2.3	34	39	73
6/60 R. ... ..	...	...	...	...	12	9	21	1.1	12	9	21
L. ... ..	...	...	...	...	10	7	17	.95	10	7	17
6/10 R. ... ..	...	...	...	...	2	2	4	.22	2	2	4
L. ... ..	...	...	...	...	4	4	8	.44	4	4	8
Squint	17	41	58	2.7	25	828	53	2.9	42	69	111

TABLE III.
Numerical Return of all Exceptional Children in the Area.

		Boys	Girls	Total
BLIND (including partially blind)	Attending Public Elementary Schools	16	10	26
	Attending Certified Schools for the Blind ... ..	...	2	2
	Not at School	1	...	1
DEAF AND DUMB (including partially deaf)	Attending Public Elementary Schools	7	13	20
	Attending Certified Schools for the Deaf	6	1	7
	Not at School	2	1	3
Mentally Deficient	Attending Public Elementary Schools	40	45	85
	Attending Certified Schools for Mentally Defective Children	1	...	1
	Not at School ... ..	...	5	5
Epileptics	At School	1	1	2
	Not at School ... ..	...	...	...

Physically Defective	Attending Public Elementary Schools	10	8	18
	Attending Certified Schools for Epileptics ... ..	...	...	...
	Not at School	4	3	7
Dull or Backward*	Attending Public Elementary Schools	8	9	17
	Attending Certified Schools for Physically defective Children ... ..	...	...	...
	Not at School	7	9	16
Pulmonary Tuberculosis	Attending Public Elementary Schools	13	10	23
	Attending Certified Schools for Physically Defective Children ... ..	...	...	...
	Not at School	4	3	7
Other forms of Tuberculosis	Attending Public Elementary Schools	23	28	51
	Attending Certified Schools for Physically Defective Children ... ..	...	...	...
	Not at School	2	1	3
Cripples other than Tubercular	Attending Public Elementary Schools	228	201	429
	Attending Certified Schools for Physically Defective Children	80	84	164
	Not at School			

*Judged according to Age and Standard.

TABLE IIIB.

Table showing Exceptional Children at the Various Schools in the Area.

			Kitt Green		Marylebone		National		Pemberton Colliery		Poolstock		Presbyterian		Sacred Heart		St. Andrew's		St. Catharine's		St. Cuthbert's		*St. George's		St. James's		St. John's C.E.		St. John's R.C.		St. Joseph's		St. Mark's		St. Mary's		St. Michael's		St. Patrick's		St. Paul's		St. Thomas's, Caroline Street		St. Thomas's, Clayton Street		Scot Lane Council		Warrington Lane Council		Wesleyan		Whelley	
			B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.						
Blind (partially)	Sen.	1	1	1	3	2	1	1	1	...	1	1	...	1	1	4	1	1	...					
"	Inf.	1	1	1	1	1						
Deaf and Dumb	Sen.						
"	Inf.	2	1						
Deaf (partially)	Sen.	1	1	2	1	1	1	1	...	1	2	...						
"	Inf.	3	1	1						
Mentally Deficient—																																																						
Feeble-minded	Sen.	1	...	2	2	1	2	2	...	1	5	3	1	1	3	1	...	2	2	...	2	3	3	2	5	3	1	1	2	1					
"	Inf.	1	1	1	...	1	1	1	2	1	...	1	1	1	3	2	1	1	1	1	3	2	2	...	1	2	...	1	...	1	...				
Imbeciles	Sen.	1						
"	Inf.	1						
Epileptics	Sen.	1	1	...	1	1	1	...	1	2	1	1	1	...						
"	Inf.	1	1	...	1	...	1	1							
Pulmonary Tuberculosis attending School	Sen.	1	2	2	1	1	1	2	1	1					
"	Inf.	2	1	...	1	1	1	1						
Pulmonary Tuberculosis excluded from School	Sen.	1	1	...	1	...	2	1	1	2	1						
"	Inf.	1	1	1	2							
Other forms of Tuberculosis	Sen.	2	1	1	1	1	2	1	1	1	2	...	1	1	...				
"	Inf.	1	1	1	1	1	1	1	...						
Cripples (other than Tubercular)	Sen.	1	1	3	2	...	1	2	4	1	2	3	5	2	...	1	...	1	1	...	1	1	...	1	...	1	2	2						
"	Inf.	2	1	1	1	1	1	1	1	1	...	1	1	...	1	1							
Dull or Backward—																																																						
Retarded 2 years	Sen.	1	4	2	4	5	5	6	1	1	2	...	24	24	3	3	20	25	6	6	15	9	9	10	4	9	1	1	12	7	4	3	5	7	2	10	37	27	13	16	10	5	17	12	1	...		
"	Inf.	1	4	1	1	1	1	...	1	1	4	1	1	1	1	1	1	1	2	1	...	6	6	1	1	2	...				
Retarded 3 years	Sen.	1	3	1	...	1	...	2	1	1	3	...	2	6	3	3	17	15	...	1	3	...	2	2	...	4	2	...	2	...	1	1	...	1	...	6	15	9	...	3	2	6	13	10	1	5	1	...
"	Inf.	1	3	1	1	1	1	1	...	1	1	...	1	...	1			

*The numbers given for St. George's School include the children in the Special Class held at the school for Mentally Defective and Retarded Children. In this class there are 28 children, eight of whom are mentally deficient, fifteen retarded 2 years, and five retarded 3 years. One is partially blind, one partially deaf, two are epileptics, and three are cripples.

TABLE IV.

Treatment of Defects of Children during 1914.

	No. of defects for which treatment was found necessary	No. of defects for which no report is available	No. of Defects Treated	Results of Treatment			No. of Defects not Treated	Condition of Untreated Cases on Re-inspection		Percentage of Defects Treated	Percentage of Defects Untreated
				Remedied	Improved	Unchanged		Improved	Unchanged		
Clothing ... ..	...	...	...	...	...	...	...	...	...	...	...
Footgear ... ..	...	...	...	...	...	...	...	...	...	...	...
Cleanliness of Head	254	22	179	35	126	18	53	...	53	70.4	21.2
Cleanliness of Body	45	8	19	2	17	...	18	...	18	42.2	40.0
Nutrition	10	1	5	...	4	1	4	...	4	50.0	40.0
Nose and Throat	420	32	214	80	35	99	174	19	155	50.9	41.4
Glands (simple enlargement) ...	24	2	13	1	7	5	9	3	6	54.1	37.5
External Eye Diseases	75	2	58	23	21	14	15	5	10	77.3	20.0
Ear Disease	22	...	18	7	7	4	4	1	3	80.8	18.1
Teeth... ..	174	9	75	5	49	21	90	7	83	43.1	51.7
Heart and Circulation	71	4	52	2	36	14	15	6	9	73.2	21.4
Lungs	27	2	20	2	12	6	5	3	2	74.0	18.5
Nervous System	9	2	9	2	5	2	...	...	...	100.0	...
Skin	48	...	41	27	9	5	5	4	1	85.4	10.4
Rickets	5	2	1	...	...	1	2	...	2	20.0	40.0
Deformities	25	2	17	...	10	7	7	1	6	68.0	28.0
Tuberculosis (Non-Pulmonary) ...	5	1	4	...	3	1	1	...	1	80.0	4.0
Speech	4	...	2	1	1	...	2	1	1	50.0	50.0
Mental Condition ... ..	...	...	...	...	...	...	...	...	...	...	...
Vision and Squint	487	18	218	106	11	101	251	17	234	44.7	51.5
Hearing	37	1	24	6	14	4	12	4	8	64.8	32.4
Miscellaneous	24	...	23	8	10	5	1	...	1	95.8	4.1
Total	1,766	106	992	307	377	308	668	71	597	56.1	37.8

TABLE V.

Table of Verminous Conditions as found at General Cleanliness Inspections.

SCHOOL.	Total Number Examined	Many Nits	Pediculi of Head	Pediculi of Body	Total		Percentage	
					Vermin- ous	Live Vermin Present	Vermin- ous	Live Vermin Present
Kitt Green	155	8	4	...	12	4	7.7	2.6
Marylebone	78	4	2	...	6	2	7.7	2.6
National	869	26	53	4	83	57	9.5	6.5
Pemberton Colliery	576	15	18	2	35	20	6.1	3.5
Poolstock	379	17	8	2	27	10	7.1	2.6
Presbyterian	181	8	5	...	13	5	7.2	2.7
Sacred Heart	200	7	16	1	24	17	12.0	8.5
St. Andrew's	629	22	36	...	58	36	9.2	5.7
St. Catharine's	781	37	83	9	129	92	16.5	11.8
St. Cuthbert's	353	16	16	...	32	16	9.1	4.5
St. George's	976	62	70	34	166	104	17.0	10.6
St. James's, Worsley Mesnes	288	29	19	1	49	20	17.0	7.0
St. John's C.E.	534	20	51	4	75	55	14.0	10.3
St. Joseph's R.C.	792	61	60	44	165	104	20.8	13.1
St. Mark's	725	25	71	7	103	78	14.2	10.9
St. Mary's	438	33	44	9	86	53	19.6	12.1
St. Michael's	404	6	10	...	16	10	4.0	2.5
St. Patrick's	1202	77	85	62	224	137	18.6	11.4
St. Paul's	545	30	24	8	62	32	11.3	5.9
Caroline Street	510	61	27	6	94	33	18.4	6.5
Clayton Street	595	42	44	16	102	60	17.1	10.0
Scot Lane C.	472	42	37	5	84	43	17.8	9.1
Warrington Lane C.	543	27	18	2	47	20	8.6	3.7
Wesleyan	368	6	18	1	25	19	7.0	5.1
Whelley	303	23	20	3	46	23	15.1	7.6
Totals	12,896	704	839	230	1,763	1,050	13.6	8.1

Re-Inspections.

SCHOOL.	Total Number Examined	Many Nits	Pediculi of Head	Pediculi of Body	Total		Percentage	
					Vermin- ous	Live Vermin Present	Vermin- ous	Live Vermin Present
Clayton Street	540	18	9	6	33	15	6.1	2.8
St. Catharine's	773	32	18	8	58	26	7.5	3.3
Totals	1,313	50	27	14	91	41	6.9	3.1

TABLE VI. (A).---Physical Condition of Children and other Particulars classified according to Schools.

Entrants (BOYS).

[illegible]

SYLLABUS OF HYGIENE AND HOME MANAGEMENT.

1ST YEAR'S COURSE (*Girls of 9 and 10 years of age*).

1. Home Management: an important and noble work.
2. The kind of girl who is likely to become a good home manager.

Here follow simple practical lessons on personal hygiene:—

- (a) Cleanliness of body, hair, nails and teeth.
- (b) Clothing—clean, tidy and neat.
- (c) Manners—in the home—in the street.
- (d) How a girl may keep healthy—simple laws of health.

3. The management of the home:—

Practical lessons on the daily, weekly, or fortnightly work of the house.

4. Simple practical lessons on food:—

- (a) Need for food—breakfasts for workingpeople and their children (other than infants)—value of milk and oatmeal porridge emphasized.

- (b) Dinners for workingpeople and their children—evils of “tea-dinners”—advantages of soup—value of fresh vegetables—meat—puddings.

- (c) Teas for workingpeople and their children:—

How to make tea—the laying of a table-cloth.

- (d) Suppers for elders of a family—for children.

5. Simple lessons on washing.

6. Simple lessons on clothing:—

What to wear—errors in dress—choice and care of clothing.

2ND YEAR'S COURSE (*Girls of 10 and 11 years of age*).

I. LESSONS ON THE HOME: its choice and furnishing:—

(a) Points to be borne in mind in choosing a house.

(b) Choice of wall-papers—floor coverings—staircases and landings.

(c) Choice of curtains—choice of good pictures.

(d) General hints on the buying of furniture—furnishing of different rooms.

2. Refinements of the home—shown in rooms and in the behaviour of the inmates.

3. Marketing for the home—thrift.

4. Economics in the home—in food, clothing, light, etc.

5. A week's dinners for the home, with recipes.

6. Beverages: non-alcoholic and alcoholic.

7. Simple lessons on the digestion of foods.

8. Simple lessons on spring cleaning.

9. Lessons on washing clothes.

10. Lessons on clothing—economics in buying clothes—care of clothing—renovations—removal of stains—refinement in dress.

11. Treatment of simple common ailments—headache—toothache—earache—colds, coughs, sore throats—cuts and bruises—burns and scalds—chilblains—fainting—sore eyes—sore heads.

3RD YEAR'S COURSE (*Girls of 11, 12 and 13 years of age*).

I. SIMPLE LESSONS ON THE MANAGEMENT OF INFANTS :—

- (a) Their food—importance of mother's milk—choice and care of bottles—care of milk—how to mix the food—quantity of food, etc.
- (b) Baby's clothing—baby's layette.
- (c) How to wash an infant.
- (d) The baby's cry—evils of soothing mixtures and “dummy comforters.”
- (e) The baby's sleep.
- (f) The baby's airing.
- (g) Treatment of infantile remedies.

2. MANAGEMENT OF CHILDREN (two to seven years of age) :—

- (a) Their food—clothing—exercise—play—sleep—formation of good habits.
- (b) Treatment of measles, whooping cough, adenoids, mumps, foreign bodies in eyes, ears, nose and throat.

3. HOME CARE OF THE INVALID :—

Qualities of a good nurse : what she must be able to do for the invalid in the way of cleanliness, bed-making, changing sheets, ventilating bedroom, etc. Cooking and serving meals—the giving of medicine—application of fomentations, etc.—making of poultices.

4. Simple remedies—home medicine chest.

5. Simple account of consumption—how poor people can fight the disease in their own homes.

6. Evils of smoking for boys.

7. Evils of over-indulgence in alcohol.

8. Concluding lessons on the girls' outlook on life.

